	PROGRAM APPLICATION FORM
Instru	ctions: Complete (type or print only) and submit at least twelve weeks prior to date of program to: Certification Specialist Office of Library Development Oklahoma Department of Libraries 200 N.E. 18 <sup>th</sup> Street Oklahoma City, OK 73105-3298
1.	Organization Offering Program:
2.	Program Contact Person:
3.	Library Address:
4.	Telephone: E-mail:
5.	Program Title:
6.	Date of Program
	Location (city and facility)
7.	Instructional Hours:
8.	Target Group:
9.	Charge to Each Participant: \$
10.	Goal/Purpose of the Program:
11.	Learning Objectives: At the end of the program, participants will be able to:

12. Subject Matter and Methods to be Used: Attach an agenda/outline which includes specific times, topics and methods.

13. Instructional Staff: (names and rationale for choice)

14. Evaluation: Attach a copy of your evaluation and/or describe the process you plan to use.

15. Signature of Contact Person:

16. Date of Application: