



**CERTIFICATE
OF
ACHIEVEMENT
PROGRAM**

**POINTS AWARDED
WORKSHEET**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Extension: _____

Email: _____ FAX: _____

Certificate Level Chosen: _____

Specialization Chosen: _____

Registration Date: _____

Source of Expertise - Experience

Activity	Library Service Area					Activity Date	Total Points
	AT	TS	AM	PS	GN		
1							
2							
3							
4							
5							
Totals							

Source of Expertise - Education

Activity	Library Service Area					Activity Date	Total Points
	AT	TS	AM	PS	GN		
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
Totals							

Source of Expertise - Other

Activity	Library Service Area					Activity Date	Total Points
	AT	TS	AM	PS	GN		
17							
18							
19							
20							
21							
22							
23							
24							
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36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
Totals							

Point Totals

AT _____

TS _____

AM _____

PS _____

GN _____

Grand Total _____

Has the five year requirement been met?

Yes _____

No _____

Has the point spread requirement been met?

Yes _____

No _____

