

Official Record of Earned Continuing Education Activities Public Librarian/Library Associate

The Maryland State Library Agency monitors the certification of Maryland public librarians and public library associates.

Each public librarian and library associate are required to earn **90 contact hours** to renew their certification every five (5) years. To renew their certification, each public librarian/public library associate must submit a record of their earned contact hours.

This form serves as a record for a training activity when no formal documentation is available, such as a Certificate of Completion. The Staff Development Coordinator is required to sign to verify the validity of the learning activity.

Information Requested	User Input Details
Name of Participant:	
Name of Activity:	What's the Scenario?
Description of Activity:	How do you diffuse a group of rowdy middle schoolers who come into the library and disrupt other patrons by running, shouting, and chasing each other? "What's the Scenario" will provide an opportunity for staff to role play and experience different scenarios in a library setting where they will need to practice conflict resolution with patrons and/or staff. These scenarios will help to build confidence in staff for handling real life situations in a setting that is safe, while providing encouragement and feedback. While each county has their own set of Policies and Procedures, we've selected scenarios that can be applied across the counties.
Learning Objectives:	Through this session, participants will be able to: 1. Build confidence in handling real life situations. 2. Practice de-escalation skills while staying professional. 3. Practice boundary setting and personal situational awareness. 4. Strengthen problem-solving skills and decision-making skills.
Date(s) of Activity:	October 12, 2026
Sponsoring Agency:	Washington County Free Library
Number of Contact Hours:	1.0

Signature of Staff Development Coordinator

I HEREBY CERTIFY that the information provided is true and correct to the best of my knowledge.

Name:	Date:
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