



# Commonwealth of Massachusetts Board of Library Commissioners

98 North Washington Street, Suite 401 • Boston, Massachusetts 02114  
(800) 952-7403 in state • (617) 725-1860 • (617) 725-0140 fax

## APPLICATION FOR PROFESSIONAL CERTIFICATE OF LIBRARIANSHIP

Date: \_\_\_\_\_

Please check here if you are **currently** the director  
of a public library in the Commonwealth of Massachusetts

Name: Mr. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
last name first name middle name

Home  
Address: \_\_\_\_\_  
\_\_\_\_\_

Business  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Work Home

Email: \_\_\_\_\_

Name as you would like it to appear on certificate (if different than above):

\_\_\_\_\_  
last name first name middle name

### RECORD OF LIBRARY EMPLOYMENT (Begin with most recent/current position)

Library	Address	Position	From	To

**RECORD OF GENERAL EDUCATION**

	Institution	Address	Dates in Attendance	Date Graduated	Degree Received
College					
Graduate Work					

**RECORD OF LIBRARY EDUCATION**

Institution	Address	Dates in Attendance	Date Graduated	Degree Received

**PROFESSIONAL CERTIFICATES OF LIBRARIANSHIP FROM OTHER AGENCIES:**

\_\_\_\_\_ Title

\_\_\_\_\_ Issuing authority \_\_\_\_\_ Date

**I certify that the information given in this application is correct.**

\_\_\_\_\_ Signature of applicant \_\_\_\_\_ Date

**IMPORTANT!!!!**  
Have You . . .

Enclosed the \$45.00 Certification Fee?

Signed the Application?

Attached a certified statement of graduation with an  
MLS degree from an ALA- accredited library school?

**Official Use Only**

Date Check Received		Check Number	
CT Date		Incomplete Notice Mailed	
Certificate Number		Board Date	
Date Certificate Mailed			