



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

VERIFICATION FORM Subprofessional Certificate of Librarianship

This is to certify that _____ has been employed for at least six months in a position requiring an elementary knowledge of library techniques; is qualified to practice work in a position not requiring the educational and other qualifications for certification as a professional librarian; and the duties of the position held by her/him require her/him to have a Subprofessional Certificate of Librarianship issued by the Massachusetts Board of Library Commissioners.

Library: _____

Address: _____

Telephone: _____

Applicant's position title: _____

Applicant's date of appointment: _____

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

Signature of Applicant

Date

Signature of Trustee Chair

Date

-Or-

Signature of Library Director

Date