# 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 Personal

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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
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## PROFESSIONAL CERTIFICATES OF LIBRARIANSHIP FROM OTHER AGENCIES:

_____

Certificate Title

_____

Issuing agency Date

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

_____

Signature of applicant Date

# IMPORTANT

Have You. . .

Enclosed the $50.00 Certification Fee (non-refundable) made out to the Commonwealth of Massachusetts? ☐

Signed the Application? ☐

Attached a copy of a 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 | | | |