



Massachusetts Libraries

BOARD OF LIBRARY COMMISSIONERS

APPLICATION FOR CERTIFICATE OF SPECIAL TRAINING IN BASIC LIBRARY TECHNIQUES

Name: _____

Last Name

First Name

Middle Name

Address:	
Email:	
Phone:	

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

Last Name

First Name

Middle Name

Record of Basic Library Techniques Courses/Workshops — **Please attach copies of course/workshop completion certificates.**

Basic Library Technique	Course/Workshop Location	Dates of Attendance
Administration		
Materials Selection		
Cataloging and Classification		
Reference		

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

Signature of applicant

Date

Certificate number:	BLT	Date Awarded:	
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Massachusetts Board of Library Commissioners
 98 N. Washington St., Suite 401, Boston, MA 02114
 P: 800-952-7403 (in-state only)
 P: 617-725-1860
 F: 617-725-0140

mass.gov/libraries
 (consumer portal)

mass.gov/mblc
 (agency site)