



Massachusetts Libraries

BOARD OF LIBRARY COMMISSIONERS

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

	Last name	First name	Middle name
Home Address:			
Business Address:			
Email:		Phone:	

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

	Last name	First name	Middle name
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RECORD OF LIBRARY EMPLOYMENT (Begin with most recent/current position)

Library	Address	Position	From	To

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/mbic
 (agency site)

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:

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 \$53.00 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			