



Massachusetts Libraries

BOARD OF LIBRARY COMMISSIONERS

APPLICATION FOR SUBPROFESSIONAL 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/mblc
 (agency site)

Employment Verification

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:	

Signature of Trustee Chair

Date

-OR, IF APPLICANT IS NOT THE LIBRARY DIRECTOR-

Signature of Library Director

Date

Please list any education in the 2 sections below:

RECORD OF GENERAL EDUCATION

	Institution	Address	Dates in Attendance	Date Graduated	Degree Received
High school					
Trade school					
College					
College (graduate work)					

RECORD OF LIBRARY EDUCATION

Institution	Address	Dates in Attendance	Date Graduated	Degree Received

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?

Official Use Only

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