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*The University of the State of New York
The State Education Department
Division of Library Development
Cultural Education Center, Room 10B41
Albany, New York 12230*

**APPLICATION FOR EVALUATION OF ELIGIBILITY FOR PUBLIC LIBRARIAN'S
CONDITIONAL CERTIFICATE**

Name Ms.
(Print or type) Mr.
Mrs. _____
First Middle Last

Please carefully print or type in the space provided below your name as you wish to see it appear on the certificate

First Name:

Middle Name (or initial):

Last Name:

Mailing Address: _____
Street City State Zip Code

Home Phone: _____ **Work Phone:** _____

E-mail Address: _____

Having met all requirements, I hereby make application for public librarian's professional certificate.

Complete Statement of Education

| | Name of School and City | Dates Attended | Certificate or Degree Awarded | Date |
|-----------------------|-------------------------|----------------|-------------------------------|------|
| Secondary School | | | | |
| College or University | | | | |
| Library School | | | | |
| Other Schools | | | | |

Copies of documents verifying college level study must be submitted, including a transcript (list of courses) and diploma of all postsecondary study. If you have had work experience, list on the back each library, your position and the dates you worked. Indicate any work experience using English if that is not your native language.

Date _____ **Signed** _____
Signature of Applicant

Social Security Number (last four digits): XXX-XX-

Please return this form to:

**Public Librarian Certification
The State Education Department
Division of Library Development
Cultural Education Center, Room 10B41
Albany, New York 12230**

DO NOT WRITE HERE
Cert. No. _____
Date Issued _____

Check for \$5.00 payable to the State Education Department must accompany application.