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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 \_\_\_\_\_  
(Print or type) Ms.  
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**

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Cert. No. \_\_\_\_\_

Date Issued \_\_\_\_\_

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

Rev. 8/06