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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 PUBLIC LIBRARIAN'S PROFESSIONAL CERTIFICATE**

Name Ms. / Mr. / Mrs. \_\_\_\_\_  
First Middle Last

Clearly print or type your name in the space provided below as you wish it to 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 apply for a public librarian's professional certificate. I understand that, in order to maintain active certification, I must complete 60 hours of professional development every five-year period, such period to be defined from the initial certificate date.

**Degree-Granting Institution\***

\*Verification of MLS, in the form of an official transcript from the degree-granting institution, must be provided by applicant unless such verification has been submitted by the degree-granting institution.

Check one:  Transcript enclosed  Transcript to be forwarded by degree-granting institution

\_\_\_\_\_ Name of Degree-Granting Institution City/State

\_\_\_\_\_ Degree Granted Month/Year

Signed \_\_\_\_\_ Date \_\_\_\_\_  
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.**