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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
(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.

EDUCATION

Graduate Library School*

Name and City Degree/Month/Year

*Verification of MLS must be provided by applicant unless such verification has been submitted by library school.

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.