



APPLICATION FOR PUBLIC LIBRARY CERTIFICATE

State Form 26859 (R4 / 5-08)
 Approved by State Board of Accounts, 2008

CERTIFICATION PROGRAM COORDINATOR
 Indiana State Library, Professional Development Office
 140 North Senate Avenue, Indianapolis, IN 46204-2296
 317-234-5650 or 1-800-451-6028 (Indiana only)
 Fax: 317-232-3713
 WWW: <http://www.IN.gov/library> E-mail: pdo@library.in.gov

INSTRUCTIONS:

1. Fill out the application form completely. Only supply one address (work or home).
2. Send a certified copy of your transcript along with the application.
3. Send a check or money order for \$50 (or \$10 for Temporary Certificate) payable to the Indiana State Library.
4. Mail the application to the Professional Development Office, address is listed at the above right.

NOTE: Information provided is a public record

Date (month, day, year)	Personal/Work E-mail:	
Last Name	First Name	Middle Name
Home Address (number and street, city, state and ZIP code)		Maiden Name (if applicable)
Library Name		Telephone (include area code)
Work Address (number and street, city, state and ZIP code)		

Please check the type and level of certification in which you are applying in the space below.

Type <input type="checkbox"/> Librarian <input type="checkbox"/> Specialist <input type="checkbox"/> Temporary	Level <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	Job Classification IC 36-12-11-6 <input type="checkbox"/> Director <input type="checkbox"/> Branch/Dept. Head <input type="checkbox"/> Professional Asst. See Certificaton Manual for definitions
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Please list the highest degree obtained

GENERAL EDUCATION (NOT Library Training. This goes under NEXT heading.)

School Attended	Dates of Attendance	Dates of Graduation	Degree

LIBRARY EDUCATION

NAME OF INSTITUTION AND STATE	Dates of Attendance	College Credits Received	Degree/Diploma and Date
1. ALA-Accredited Library School (i.e., degree obtained)			
2. Approved Library Science Education (590 IAC 5-1-6)			

(If more space is needed, use an additional sheet repeating headings.)

Dates should include beginning and ending day, month, and year.)

PROFESSIONAL LIBRARY EMPLOYMENT

NAME OF LIBRARY AND STATE	Position Held	Dates	Principal Duty
Present Position			
Previous Position			
Previous Position			

INSTRUCTIONS: Applicant must be sure to supply all signatures called for below.

The information given in the application is correct, and on the basis of it, I, the applicant, apply for,

Certificate as (Class or Grade)	
I enclose <input type="checkbox"/> \$50.00 or <input type="checkbox"/> \$10.00 in <input type="checkbox"/> Personal check <input type="checkbox"/> Money Order	Temporary Permit as (Class or Grade)
Applicant's Signature	