



APPLICATION FOR CERTIFICATION OF PUBLIC LIBRARIAN

State Form 26859 (R7 / 7-14)

Approved by State Board of Accounts, 2014

INDIANA STATE LIBRARY CERTIFICATION PROGRAM
INDIANA STATE LIBRARY, ATTN: CERTIFICATION PROGRAM COORDINATOR
 140 North Senate Avenue, Indianapolis, IN 46204-2296
 Telephone: (317) 232-3697 or (800) 451-6028 (Indiana only)
 Fax: (317) 232-0002
 E-mail: StatewideServices@library.in.gov
<http://IN.gov/library>
<http://continuinged.isl.in.gov/certification/>

INSTRUCTIONS:

1. Fill out the application completely.
2. Include official (sealed, unopened) college or MLS transcripts, as applicable.
3. Include your personal check or money order for \$10 (1-year temporary license) or \$50 (5-year license) made payable to the Indiana State Library.
4. Do NOT send your LEU certificates unless you receive a notice of random audit in the next ninety (90) days.
5. Sign and mail the application to the address in the box above.

NOTE: Your name, city, license level, and job classification are public record at [http://www.in.gov/pla/3119 htm](http://www.in.gov/pla/3119.htm).

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|-------------------------------------|------------------------------|------------------------------|---|---|----------|
| Last name | | First name | | Middle name | |
| Date (month, day, year) | | E-mail Address | | Maiden name (if applicable) | |
| Home address (number and street) | | | City | State | ZIP code |
| Library System | | | | Telephone number (include area code) | |
| Address (number and street) | | | City | State | ZIP code |
| License Type | License Level | | Job Classification | Definitions of terms are in the ISL Certification Manual: | |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> LC1 | <input type="checkbox"/> LC4 | <input type="checkbox"/> Director | http://continuinged.isl.in.gov/certification/ | |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> LC2 | <input type="checkbox"/> LC5 | <input type="checkbox"/> Branch / Department Head | | |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> LC3 | <input type="checkbox"/> LC6 | <input type="checkbox"/> Professional Assistant | | |

HIGH SCHOOL / COLLEGE EDUCATION (Please list the highest level completed.)

| Name of Institution, City, and State | Dates Attended (month, year) | Number of credits completed | Degree | Date Conferred (month, year) |
|--------------------------------------|------------------------------|-----------------------------|--------|------------------------------|
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LIBRARY SCIENCE EDUCATION (MLS or Other College-Level Library Science Courses.)

| Name of Institution, City and State | Dates Attended (month, year) | Number of credits completed | Degree | Date Conferred (month, year) |
|---|------------------------------|-----------------------------|--------|------------------------------|
| ALA-Accredited MLS program | | | | |
| | | | | |
| Non-MLS Library Science Courses for LC4, LC5, LC6 (590 IAC 5-1-6) | | | | |
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PROFESSIONAL LIBRARY EMPLOYMENT (Use an additional sheet with repeating headings, if necessary.) (Employment start and end dates must include month and year.)

| Name of Library System, City, and State | Job Title | Start Date (month, year) | End Date (month, year) | Primary Responsibilities |
|---|-----------|--------------------------|------------------------|--------------------------|
| Current or most recent | | | | |
| Previous | | | | |
| Previous | | | | |

Enclosed: \$50.00 \$10.00 Personal Check Money Order

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

SIGNATURE OF APPLICANT