



APPLICATION FOR CERTIFICATION OF PUBLIC LIBRARIAN

State Form 26859 (R8 / 8-15)
Approved by State Board of Accounts, 2015

INDIANA STATE LIBRARY CERTIFICATION PROGRAM
INDIANA STATE LIBRARY, ATTN: CERTIFICATION PROGRAM DIRECTOR
 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 to your certificate level.
3. Include your personal check or money order for \$10 (1 year temporary certificate) or \$50 (5 year certificate) made payable to the Indiana State Library.
4. For 5 year certificate renewals, Do NOT send your LEU certificates unless you receive a notice of random audit in the next 90 days.
5. Sign and mail the application to the address in the box above.

NOTE: Your name, city, certificate level, and job classification are public record at <http://www.in.gov/pla/3119htm>.

APPLICANT INFORMATION

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

LIBRARY SCIENCE EDUCATION (MLS or Other College-Level Library Science Courses)

Name of Institution, City, and State	Dates Attended (month, year)	Degree	Date Conferred (month, year)
ALA-Accredited MLS program			
Non-MLS Library Science Courses for LC4, LC5, LC6 (590 IAC 5-1-6)			

PROFESSIONAL LIBRARY EMPLOYMENT (Use an additional sheet, 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 certificate indicated above.

Signature of applicant	Date (month, day, year)
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