



Renewal Application for Certification of Librarianship

State Board for the Certification of Librarians
Kentucky Department for Libraries and Archives

INSTRUCTIONS: (check boxes as completed)

- Complete this form.
- Enclose check or money order for \$20.00 payable to the *State Board for the Certification of Librarians*.
- Keep copy of form for your file.
- Mail original form with original signature to:
State Board for the Certification of Librarians
300 Coffee Tree Rd.
P.O.Box 537
Frankfort, Kentucky 40602-0537

** Please do not send copies of your Annual Summations.

For Professional Certificate Only:

Please choose size of certificate.

8.5 x 11 11 x 17

For State Certification use only

Approved _____

Certificate _____

Certificate Number _____

Valid from: _____ to _____

Name: _____ **E-mail:** _____
Last First Middle

Home Address: _____
Address City State Zip

Library Where Currently Employed: _____
Address City State Zip County

Current Position Held: (check one)

- Director (county population over 15,000)
- Director (county population 15,000 or less)
- Assistant Director
- Branch Head/Department Head
- Bookmobile/Outreach Librarian
- Other Full-time Personnel
- Other Part-time Personnel

I hereby certify that the information below, including attachments, are true and correct to the best of my knowledge.

Applicant Signature

Date

Current Certificate Held: (check one)

- Professional Paraprofessional
- Library Experience