



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 a copy of this form for your file.
- Mail the **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

For State Certification use only	
Approved _____	
Certificate _____	
Certificate Number _____	
Valid from: _____ to _____	

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

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/Manager/Supervisor
- ___ Bookmobile/Outreach Librarian
- ___ Other Full-time Personnel
- ___ Other Part-time Personnel

Current Certificate Held: (check one)

- ___ Professional I ___ Paraprofessional I
- ___ Professional II ___ Paraprofessional II
- ___ Professional III ___ Paraprofessional III
- ___ Professional IV

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

Current Job Title:

Applicant Signature

Date