



# Application for Certification of Librarianship

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

**APPLYING FOR:**

<input type="checkbox"/> Professional I	<input type="checkbox"/> Paraprofessional I
<input type="checkbox"/> Professional II	<input type="checkbox"/> Paraprofessional II
<input type="checkbox"/> Professional III	<input type="checkbox"/> Paraprofessional III
<input type="checkbox"/> Professional IV	<input type="checkbox"/> Temporary

- INSTRUCTIONS:** (check box as completed)
- Complete both pages of this form.
  - Enclose check or money order for \$20.00 payable to the *Kentucky State Board for the Certification of Librarians*.
  - Attach copies of diplomas, certificates of completion, and/or transcripts.
  - Keep a copy of this form for your file.
  - Mail the **original form** with **original signatures** 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 \_\_\_\_\_

**Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Last
First
Middle

**Home Address:** \_\_\_\_\_

Street
City
State
Zip

**Library Where Currently Employed:** \_\_\_\_\_

Address
City
State
Zip
County

**Highest Education Completed:** GED/High school   Associate   Undergraduate   Graduate

School	City, State	Dates Attended	Graduation Date	Degree

**LIBRARY WORK EXPERIENCE:** List below in chronological order library positions you have held. Begin with the most recent and **include your current position.**

Name of Library & Address	Position	Hours Worked Per Month	Starting Date MM/DD/YY	Ending Date MM/DD/YY

**CURRENT POSITION HELD:** (Check one)

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

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false statements may result in denial or revocation of the certificate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I have reviewed this application and certify that the answers are correct so far as they pertain to this library.

\_\_\_\_\_  
Signature of Library Director or  
President of County Library Board

\_\_\_\_\_  
Date