



## Library Practitioner Certification Application

### Applicant Information

Name:		Date:
Address:		
City:	State:	ZIP Code:
Phone: (    )	E-mail Address:	
I am: <input type="checkbox"/> A first-time applicant <input type="checkbox"/> Renewing my certification		If renewing, has any information changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If renewing, when did you receive your last certificate or renewal?		

### Education

#### High School Diploma or GED required

School Name:	Date Earned:
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#### Higher Education

Institution Name:	Dates Attended:
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Semester Hours:	Degree Earned: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide degree information:
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Institution Name:	Dates Attended:
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Semester Hours:	Degree Earned: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide degree information:
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### Library Experience

Organization/Employer:
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Address:
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City:	State:	ZIP Code:
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From:	To:	Total Hours of Library Work:
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Organization/Employer:
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Address:
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City:	State:	ZIP Code:
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From:	To:	Total Hours of Library Work:
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From:	To:	Total Hours of Library Work:
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Organization/Employer:
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Address:
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City:	State:	ZIP Code:
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From:	To:	Total Hours of Library Work:
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### Disclaimer and Signature

*I certify that the information given on this application is true and correct to the best of my knowledge and that any false statements may result in the denial or revocation of my certification.*

Signature	Date
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