



Commonwealth of Massachusetts Board of Library Commissioners

98 North Washington Street, Suite 401 • Boston, Massachusetts 02114
(800) 952-7403 in state • (617) 725-1860 • (617) 725-0140 fax

APPLICATION FOR SUBPROFESSIONAL CERTIFICATE OF LIBRARIANSHIP

Date: _____

Please check here if you are **currently** the director
of a public library in the Commonwealth of Massachusetts

Name: Mr. _____
Ms. _____
Mrs. _____
last name first name middle name

Home
Address: _____

Business
Address: _____

Phone: _____
Work Home

Email: _____

Name as you would like it to appear on certificate (if different than above):

last name first name middle name

RECORD OF LIBRARY EMPLOYMENT (Begin with most recent/current position)

Library	Address	Position	From	To

RECORD OF GENERAL EDUCATION

	Institution	Address	Dates in Attendance	Date Graduated	Degree Received
High school					
Trade school					
College					
College (graduate work)					

RECORD OF LIBRARY EDUCATION

Institution	Address	Dates in Attendance	Date Graduated	Degree Received

I certify that the information given in this application is correct.

Signature of applicant _____

Date _____

IMPORTANT!!!!

Have You. . .

Enclosed the \$45.00 Certification Fee?

Signed the Application?

Enclosed the Subprofessional Verification Form?

Official Use Only

Date Check Received		Check Number	
CT Date		Incomplete Notice Mailed	
Certificate Number		Board Date	
Date Certificate Mailed			