



LIBRARY OF MICHIGAN
CERTIFICATION OFFICE
702 WEST KALAMAZOO STREET
P.O. BOX 30007
LANSING, MICHIGAN 48909



APPLICATION FOR MICHIGAN PUBLIC LIBRARY CERTIFICATION

Complete this application form if you wish to obtain Michigan public library certification.
 Levels 3 and 4 also require completion of the Beginning Workshop offered by the Library of Michigan.

GENERAL INSTRUCTIONS:

- Complete all sections of the application form. **PLEASE PRINT OR TYPE.**
- Mail the completed application form to the address indicated above. The form may also be faxed to (517) 373-5700.
- Direct questions regarding this form to the Certification Office at (517) 373-1580.

TYPE OF CERTIFICATE REQUESTED

<input type="checkbox"/> LEVEL 1 - PERMANENT PROFESSIONAL <input type="checkbox"/> LEVEL 2 - PROFESSIONAL <input type="checkbox"/> LEVEL 3 – LIMITED PROFESSIONAL Beginning Workshop Attendance Date ___/___/___ <input type="checkbox"/> LEVEL 4 – PARAPROFESSIONAL Beginning Workshop Attendance Date ___/___/___

APPLICANT INFORMATION

LAST 4 DIGITS SOCIAL SECURITY NUMBER	MICHIGAN DRIVER'S LICENSE NUMBER	APPLICATION TYPE REQUESTED
		<input type="checkbox"/> INITIAL <input type="checkbox"/> UPGRADE
NAME Last	First	Middle
		HOME PHONE NUMBER ()
MAIDEN/FORMER NAMES		
HOME ADDRESS	Street	City State Zip Code
LIBRARY	Street	City State Zip Code

EDUCATION

HIGH SCHOOL:	CITY and STATE	YEAR OF GRADUATION	
COLLEGE/UNIVERSITY NAME:	CITY and STATE	DEGREE	YEAR GRANTED
COLLEGE/UNIVERSITY NAME:	CITY and STATE	DEGREE	YEAR GRANTED
COLLEGE/UNIVERSITY NAME:	CITY and STATE	DEGREE	YEAR GRANTED

NOTE: Applicant is responsible for requesting college or university OFFICIAL transcript of highest academic degree to be sent DIRECTLY to the Certification Office, at the address listed on the top of this form.

EMPLOYMENT EXPERIENCE (LIMIT TO MOST RECENT TEN YEARS) – Please indicate number of hours per week with each organization.

EMPLOYER:	ADDRESS	NUMBER OF HOURS PER WEEK	BEGINNING DATE	EMPLOYMENT END DATE
EMPLOYER:	ADDRESS	NUMBER OF HOURS PER WEEK	BEGINNING DATE	EMPLOYMENT END DATE
EMPLOYER:	ADDRESS	NUMBER OF HOURS PER WEEK	BEGINNING DATE	EMPLOYMENT END DATE

NOTE: Applicants eligible for permanent professional certification must also document four years of professional experience following receipt of their MLS degrees. Applicant is responsible for requesting current or previous employers to verify by letter dates of employment, job title and professional responsibilities. Letter(s) must be sent DIRECTLY from the employers to the Certification Office, at the address listed on the top of this form.

APPLICANT'S SIGNATURE _____ DATE _____

**FOR OFFICIAL USE
-DO NOT WRITE BELOW THIS LINE-**

APPLICATION TYPE ISSUED INITIAL UPGRADE

Date Application Received _____

Date Transcript(s) Received _____

Date Employment Verification Letter(s) Received (for Level 1 only) _____

Date of Beginning Workshop Attendance (to be verified with LM records) _____

Certificate Level Issued _____

Approved By _____ Date Approved _____

Level 1 PERMANENT PROFESSIONAL certification qualifications:

- (a) A master's degree or its equivalent from a library school accredited by the American library association.
- (b) Four years of full-time employment, or an equivalent time period, consisting of paid professional library work experience in a library approved by the department following the completion of educational requirements.

Level 2 PROFESSIONAL certification qualifications:

A master's degree or its equivalent from a library school accredited by the American library association.

Level 3 LIMITED PROFESSIONAL certification qualifications:

- (a) A bachelor's degree from an accredited college or university.
- (b) Completion of the beginning workshop offered by the library of Michigan.

Level 4 PARAPROFESSIONAL certification qualifications:

- (a) A high school diploma or its equivalent.
- (b) Completion of the beginning workshop offered by the library of Michigan.
- (c) One year of full-time employment or its equivalent consisting of library work experience following the completion of educational requirements.