

# WASHINGTON STATE LIBRARY

PO BOX 42460 • OLYMPIA, WA 98504-2460

## APPLICATION FOR LIBRARIAN'S CERTIFICATE

*Please type or print clearly*

**NAME**

Last Name

First Name

Middle Name

**MAILING ADDRESS**

Street

City

State

Zip Code

**PHONE NUMBER ( )****SOCIAL SECURITY NO.****EMAIL ADDRESS****BIRTH DATE****PLACE OF BIRTH****Do you *currently* have a degree from an American Library Association (ALA) accredited or recognized Master's program in Library and Information Studies?**

Future graduates: please do not submit an Application more than 30 days prior to your projected graduation date. If you answer 'no' to this question please contact the Washington State Library for information on how you may qualify to apply for Certification by submitting a Portfolio. Applicants holding degrees from non-US institutions that are recognized by ALA as equivalent should answer 'yes.' Information on such programs may be found on ALA's website at [www.ala.org](http://www.ala.org). Please note that these degrees may take several weeks longer to verify; we apologize in advance for any delay.

No \_\_\_\_\_ Yes \_\_\_\_\_ Pending \_\_\_\_\_ Date Awarded/Projected \_\_\_\_\_

**Name of Institution that Awarded MLS Degree:**

Name of Library School/Division:

Address:

Name of Degree Obtained:

**Your name at the time MLS Degree was awarded:****Name you want printed on your certificate:**

I certify that the above information is true and complete to the best of my knowledge and hereby give permission to release information about my academic record to the Washington State Library for purposes of degree verification.

Signature

Date

Please mail your completed application form and a \$20 check made payable to the Washington State Library to:  
Attn: Librarian Certification Program • Washington State Library • PO Box 42460 • Olympia, WA 98504-2460  
In addition, official transcripts issued directly from the institution must be sent to the above address for degree verification.

For Department Use Only - Do Not Write Below This Line	
Date Received	Certification No.
Remittance Rcvd	Date Issued
Degree Verification	Authorized Initials

For more information, please contact Librarian Certification at 360.704.7133 or [librariancertification@sos.wa.gov](mailto:librariancertification@sos.wa.gov)