

Office Use

Valid Through _____

Renew Date _____

Re-certification Application

Public Librarian Certification

State Library of Iowa

Instructions

- Complete General section. If changing certification levels, complete the section for that level.
- Attach copies of attendance certificates from continuing education programs totaling **45 contact hours**.
- Please keep copies of everything you send.**
- Send to: State Library of Iowa, Certification, 1112 E. Grand, Des Moines, Iowa 50319 FAX 515-281-6191
- More information is available at <http://www.statelibraryofiowa/ld/cert>.

General

Last Name _____ First _____ Former Name _____

Library where employed _____ Are you the Director (Y/N) _____ LSA _____ Library Size _____

Preferred Mailing Address: Library or Home E-mail Address _____

Street _____ City _____ State _____ Zip _____

Certification Level Requested: I, II, III, IV, V, VI

Are you changing your certification level? Yes No **If no, skip to signature line.**

Level II

Option 1 Indicate at least 5 years library work experience (attach extra sheet if needed):

Library Employer: _____

Beginning and ending dates of employment: ___/___/___ to ___/___/___

Option 2 Attach photocopy of college transcript showing at least 30 semester hours (45 quarter hours) of college course work.

Level III

Option 1 Indicate at least 10 years library work experience (attach extra sheet if needed):

Library Employer: _____

Beginning and ending dates of employment: ___/___/___ to ___/___/___

Option 2 Attach photocopy of college transcript showing at least 60 semester hours (90 quarter hours) of college course work.

Level IV

Attach photocopy of college diploma or transcript of Bachelor's degree.

Level V

Attach photocopy of college transcript; circle the library science courses.

Level VI

Attach photocopy of diploma or college transcript indicating Master's degree in Library Science.

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____

Date Signed _____