

**APPLICATION FOR CERTIFICATION**  
**Certification Program for Kansas Library Administrators**  
**State Library of Kansas**

**Instructions**

**Complete the top section and the section for the certification level requested.**

**Please sign and date the application. Send the application and the required documentation to:  
Certification Program, State Library of Kansas, 300 SW 10<sup>th</sup> Ave., 343-N, Topeka, KS 66612-1593.**

**Please keep copies of everything you send.**

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Former name \_\_\_\_\_  
Library \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_, KS. Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

**Certification Level Requested:**

Level I \_\_\_\_\_ Level II \_\_\_\_\_ Level III \_\_\_\_\_ Level IV \_\_\_\_\_

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**Level I**

**Attach copy of high school diploma or high school transcript, or letter confirming H.S. graduation or GED certificate. If you don't hold one of these, please document five years of library experience.**

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**Level II**

**Attach copy of college transcript confirming 24 college credit hours or documentation confirming 200 hours of continuing education. This may include a LEEP record.**

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**Level III**

**Attach copy of college diploma or transcript of Bachelor's degree or copy of KPLACE graduation certificate or documentation confirming 400 hours of continuing education. This may include a LEEP record.**

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**Level IV**

**Attach copy of diploma or college transcript for Master's degree in Library Science.**

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*I certify that the above information is true and correct to the best of my knowledge. I understand that any false statements may result in denial or revocation of the certificate.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please use photocopies of this form.