

APPLICATION FOR RE-CERTIFICATION
Certification Program for Kansas Library Administrators
State Library of Kansas

Instructions

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

Attach documentation confirming 45 hours of continuing education. Make sure all continuing education events took place within the three year certification period. Hours will not count unless you attach one of the approved forms of documentation.

Please sign and date the application. Send the application and the required documentation to:
Certification Program, State Library of Kansas, 300 SW 10th 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 _____

Re-Certification Requested at:

Level I _____ Level II _____ Level III _____ Level IV _____

If you are requesting a new level of certification, please indicate the one you have held during the past certification period: _____. If you are not requesting a new certificate, you do not have to resubmit the education credentials.

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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.

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.

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.

Level IV

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

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.