

State of Nevada
Nevada State Library, Archives & Public Records

APPLICATION FOR CERTIFICATION OF PUBLIC LIBRARIANS

Full Name: _____

Address: _____

Email: _____ Home Phone: _____ Work Phone: _____

Currently employed at: _____

SECTION A: EDUCATION AND EXPERIENCE

- Bachelor's Degree and at least 2 years of library experience
 - Associate's Degree and at least 4 years of library experience
 - High School Diploma or GED and at least 7 years of library experience
- (Official Transcripts must be provided to verify education)

Signature of Chair of Library Board of Trustees or other governing authority to verify years of experience

SECTION B: Course completed in the Certification Series (Check courses completed)

- Administration of a Library
- Bibliography and Reference
- Cataloging and Classification of Materials
- Technology in the Library
- Literature for Children and Young Adults
- Selection of Library Materials
- A course in the History and Organization of Libraries

_____ Official Transcripts from the University of Nevada System have been requested

_____ Courses completed at accredited institution other than University of Nevada System or in excess of 5 years old. Official Transcripts have been requested.

NOTE: Courses must be reviewed and approved by the Nevada State Library, Archives & Public Records prior to submitting application.

Comments: _____

Notary: _____

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

Applicant Signature: _____ Date: _____

CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application). Nevada Revised Statute (NRS) 379

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Applicant

Date