

COMMONWEALTH OF VIRGINIA
STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS
APPLICATION FOR LIBRARIAN'S PROFESSIONAL CERTIFICATE
Librarian's Professional Certificates do not expire and do not need to be renewed.

☐ Check here if you are requesting a duplicate certificate. Certificate No.: _____, Certificate Date: _____

Send application and transcript to:

ATTN: Paranita Carpenter
The Library of Virginia
800 East Broad Street
Richmond, Virginia 23219-8000

Preferred mailing address for certificate (please check): ☐ Library Address ☐ Home/Mailing Address

Name as you want it to appear on the certificate:

☐ Mr. ☐ Mrs. ☐ Ms. _____
Last Name First Name Middle or Maiden Name

Library Where Now Employed:
(Optional, Not Required)

_____ Name of Library

_____ Address of Library

_____ City, State, and Zip

Home/Mailing Address:

_____ Street Address or P. O. Box

_____ City, State, and Zip

E-mail: _____ Phone No.: (_____) _____

INSTITUTION	NAME	ADDRESS	DATES IN ATTENDANCE	DATE GRADUATED	TYPE OF DEGREE RECEIVED
Library School					
Other Graduate Work					

I certify that the information given in this application is correct.

Signature of Applicant

The applicant was awarded Certificate No. _____ on ____ / ____ / ____

Signature of Person Processing Application

Date

Questions? Contact Cindy Church at cindy.church@lva.virginia.gov or Paranita Carpenter at paranita.carpenter@lva.virginia.gov.

For more information, visit <https://www.lva.virginia.gov/lib-edu/certification.asp>