

Massachusetts Libraries

BOARD OF LIBRARY COMMISSIONERS

mass.gov/mblc

APPLICATION FOR CERTIFICATE OF SPECIAL TRAINING IN BASIC LIBRARY TECHNIQUES

Name: _____

Last Name

First Name

Middle Name

Address:	
Email:	
Phone:	

Name as you would like it to appear on certificate (if different than above):

Last Name

First Name

Middle Name

Record of Basic Library Techniques Courses/Workshops — **Please attach copies of course/workshop completion certificates.**

Basic Library Technique	Course/Workshop Location	Dates of Attendance
Administration		
Materials Selection		
Cataloging and Classification		
Reference		

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

Signature of applicant

Date

Certificate number:	BLT	Date Awarded:	
---------------------	-----	---------------	--