APPLICATION FOR EXCHANGE OF PROVISIONAL PROFESSIONAL 
LIBRARIAN’S CERTIFICATE FOR PROFESSIONAL CERTIFICATE*

Name (print): Mr. Mrs. Ms. 

Mailing address: 

Library name: 

Library address: 

Date:                    

Having met all the requirements, I hereby make application for a professional certificate. The request is enclosed for evaluation of my professional experience. (Attach request for evaluation of three years of professional experience form in duplicate.)

__________________________________________________________

Applicant’s Signature

*please send current certificate with this application.
REQUEST FOR EVALUATION OF THREE YEARS PROFESSIONAL EXPERIENCE  
(POST COMPLETION OF ALA ACCREDITED MLS OR MLIS)

Name: Mr. Mrs. Ms. ____________________________________________
lastfirstmiddle

Mailing Address: ____________________________________________
streecitystate/zip

Permanent Address: ____________________________________________
streecitystate/zip

Directions for use of this form:

This form is to be used by candidates for the Professional Certificate seeking to meet the three years full-time experience requirement of the Certification Regulations. It is to be filled out completely in duplicate, and both copies should be forwarded to the South Carolina State Library. Separate sheets should be used for positions in different libraries, if the three years consecutive experience was gained in more than one library. If the title and duties changed materially in the course of service in any one library, indicate such changes as separate employment. Additional sheets following the pattern of this form may be used.

The experience described must include your present position. Experience acquired prior to the completion of the requirements for the library degree cannot be claimed. It is not necessary to describe more than the required three years.

Please describe in detail, on the back of this sheet, the professional experience you are claiming. Give specific information about each type of work performed in this position.
CLAIMED EXPERIENCE FORM:

Name and address of library*: __________________________________________________________________________
______________________________________________________________________________________________

Title and grade of your position: ___________________________________________________________________

Name and title of supervisor: _____________________________________________________________________

Name and Address of Library: _____________________________________________________________________
______________________________________________________________________________________________

Date of Employment: From: month ____ day ____ year ____ hours per week ______
To: month ____ day ____ year ____ annual salary ______

Type of work performed:

__________________________________________  ________________________
Signature of Applicant  Date

*If not a public library in South Carolina, give complete information about the library such as: type of services, size of staff (professional and nonprofessional), number in volumes, population served.