APPLICATION FOR RENEWAL - PUBLIC LIBRARIAN’S CERTIFICATE

PROVISIONAL PRE-PROFESSIONAL*

Date: ________________

Name: Mr. Mrs. Ms. _____________________________________________
                          last        first         middle

Mailing Address: ________________________________________________
                          street     city          state/zip

Home telephone: ___________________________    Date of Birth: __________

Library Address: ______________________________________________
                          name        street     city          state/zip

Work telephone: ___________________________

Email address: ___________________________

*Items marked with an asterisk, see ‘Requirements’
## RECORD OF EDUCATION

<table>
<thead>
<tr>
<th>Institution</th>
<th>Name</th>
<th>Address</th>
<th>Dates attended FROM:</th>
<th>Dates attended TO:</th>
<th>Credential or Degree</th>
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<td>High School or Preparatory School</td>
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<td>College or University*</td>
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<td>Library School*</td>
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<td>Other</td>
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**TRANSCRIPTS MUST BE SUBMITTED: CHECK ONE**

(Proof of 6 semester hours in library science)

- [ ] Transcripts Enclosed
- [ ] Transcripts to be forwarded by school

## RECORD OF LIBRARY EXPERIENCE

*(List current position first)*

<table>
<thead>
<tr>
<th>Name of Library</th>
<th>Title of Position</th>
<th>Name of Supervisor</th>
<th>Date of employment FROM:</th>
<th>Date of employment TO:</th>
<th>Hours worked per week</th>
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(additional sheets may be attached if necessary)

Please attach a **BRIEF ANALYSIS OF YOUR PRESENT POSITION DUTIES AND RESPONSIBILITIES** on a separate sheet.

I certify the above information is correct ________________________________

Signature of Applicant

I have reviewed this application and certify the information is correct so far as it pertains to this library. The position held is classified as _____ Professional or _____ Pre-professional

Signature of Immediate Supervisor ________________________________
REQUEST FOR EVALUATION OF THREE YEARS PRE-PROFESSIONAL EXPERIENCE

Name: Mr. Mrs. Ms. ____________________________________________
last first middle

Mailing Address: ____________________________________________
street city state/zip

Permanent Address: __________________________________________
street city state/zip

Directions for use of this form:

This form is to be used by candidates seeking to renew the Provisional Pre-Professional Certificate by meeting the three years consecutive full-time public library 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.

Please describe in detail, on the following sheet, the pre-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