

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: _____

Email application and transcript to paranita.carpenter@lva.virginia.gov or mail 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/services/public-libraries>