

Thomas Edison State College and New Jersey State Library New Jersey State Professional Librarian Certificate Application

Transaction Requested: **Professional Librarian Licensure** **Duplicate Certificate** **Name Change(s)**

Last Name _____ First Name _____ MI _____ New Last Name _____

Former Name(s) _____ Social Security # _____ - _____ - _____ Date of Birth: MM/DD/YY ____ / ____ / ____

Mailing Address (Street, Apt #) _____ City _____ State ____ Zip _____

County _____ Country _____ Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

E-mail Address _____

Name of Current Employer _____ Current Position _____

Employer's Street Address _____ City _____ State ____ Zip _____

Do you give permission to submit information from your licensing file for purposes of employment? YES ____ NO ____

To complete the evaluation for your certificate, you must provide to the College an official transcript from a graduate library school accredited by the American Library Association or from a New Jersey college master's program in library science that has been deemed acceptable. This transcript must include date of degree conferment. If foreign credentials are being submitted, refer to the checklist for additional information.

College Name (include all colleges)	Location (State)	Type of Degree	Year Earned

I hereby certify that the above statements and data are true and correct to the best of my knowledge. I understand that the submission of false information to obtain a Certificate may incur sanctions including refusal to issue, suspension or revocation of the certificate pursuant to N.J.S.A 45:1-21.

Signature in ink

Date

Fee Information:

Submit the appropriate fee* with the application to:
Thomas Edison State College
Attn: New Jersey State Professional Librarian Certificate
Office of the Registrar
101 W. State St.
Trenton, NJ 08608-1176

*The fee is \$75 for an original certificate and \$40 for a duplicate certificate. These fees are effective as of April 1, 2004 and are subject to change. Fees may be paid by certified check/money order made payable to Thomas Edison State College or by credit card. If paying by credit card, please complete the following:

Account Number _____ Expiration Date _____ American Express Discover MasterCard VISA

Signature _____ Date _____