

Maryland State Department of Education
Division of Educator Effectiveness-Certification Branch

REQUEST FOR CERTIFICATION

To be completed by Public Library Contact

Name: _____ Library Contact: _____

SSN: _____ Contact email: _____

Library: _____ Contact telephone: _____

Address: _____ City, Zip: _____

Date of Hire: _____ Date submitted to MSDE: _____

Assignment: Professional Public Librarian Public Library Director

Initial Credential

Official Transcript, initialed and dated

Renewal

90 clock hours verified

3 yrs satisfactory experience verified

Reinstatement

90 clock hours verified

or official transcript for 6 semester hours of credit, initialed and dated

3 yrs satisfactory experience verified (if applicable)