



## ALA-APA Certification Program Provider Approval Application Form

1. Name of applicant, address, website: \_\_\_\_\_  
\_\_\_\_\_
2. Name of contact person, address, phone, fax, e-mail address: \_\_\_\_\_  
\_\_\_\_\_
3. Type of organization (check appropriate)
  - a. LIS program
  - b. ALA Division
  - c. State Library Agency
  - d. Library Association
  - e. Library cooperative, system or network
  - f. Library consulting firm
  - g. Other \_\_\_\_\_
4. Standard for which approval is requested (check all that apply).
  - a. Standard 1
  - b. Standard 3
  - c. Etc.
5. Please attach the syllabus for the course/workshop series.
6. Please attach vita for the instructors of each course/workshop series.
7. Please attach a description of course/workshop series delivery method.
8. Please attach a description of the rigorous evaluation method that will be used to determine that the certificate program applicant has successfully completed the course work and met the learning objectives of the Standard.

I certify that the information provided above is accurate and that I am authorized to sign this application on behalf of the provider.

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Signature

Date

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Name (print)

Title

**Please send this application, backup materials and the appropriate funds to:**

Jenifer Grady, Director  
ALA-APA  
50 East Huron  
Chicago, IL 60611