Certified Public Library Administrator Program (CPLA)
American Library Association-Allied Professional Association (ALA-APA)
50 East Huron
Chicago, IL 60611
312-280-2424
312-280-5297 (fax)
cpla@ala.org

Certified Public Library Administrator Program
Application Form

1. ☐ I verify that I meet the minimum education and supervisory experience criteria listed above for the CPLA program. I understand that if I submit this application and do not meet the minimum criteria, I will forfeit the application fee.

You must have:
• A graduate degree in library and information studies from a program accredited by the American Library Association; or
• A master’s level program in library and information studies accredited or recognized by the appropriate national body of another country; or
• A master’s degree with a specialty in school library media from an educational unit accredited by the National Council for the Accreditation of Teacher Education (for school library media specialists only); and

- a minimum of three years of experience in a public library position that included or includes supervisory and administrative duties. - Definition of supervisory experience - Definition of a public library

2. Name, last: __________________________
3. Name, first: __________________________
4. Name, middle initial (1-letter): _______
5. Name under which you obtained your MLS, if different: __________________________
6. Home address:
   Street: __________________________
   City: __________________________ State (2-letter): _______ Zip: __________________________
7. Preferred Phone number: __________________________
8. Best time to be contacted: __________________________
9. Preferred E-mail address: __________________________
10. Name of employer: __________________________
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11. Employer address:  
   Street: ____________________________  
   City: ____________________________ State (2-letter): _______ Zip: _________

12. Name of graduate institution (ALA-accredited or recognized): ____________________________

13. Address of graduate institution:  
   Street: ____________________________  
   City: ____________________________ State (2-letter): _______ Zip: _________

14. Year of degree attainment: ____________

15. ALA Member ID (if applicable): ____________________________

16. Number of years in management in public libraries: _______ (numbers only, please)

17. Highest number of employees managed at one time: _______ (numbers only, please)

18. Category of workers supervised (check all that apply)
   □ Librarians
   □ Support Staff/paraprofessionals
   □ Other professionals (IT, HR)
   □ Volunteers
   □ Other ____________________________

19. Area supervised (check all that apply)
   □ Reference
   □ Circulation
   □ Cataloging
   □ Branch
   □ Main library
   □ Other ____________________________
20. **Career Goals:** How might the CPLA program affect or enhance your career? (200 words or less):

21. Have you already taken an ALA-APA Approved CPLA Course? ☐ a. Yes ☐ b. No

22. Did a CPLA candidate recommend the program to you? If so, please list the candidate's name:

23. My library serves the following population size:
   - ☐ less than 10,000
   - ☐ 10,000-24,999
   - ☐ 25,000-99,999
   - ☐ 100,000-499,999
   - ☐ 500,000 or more

FEES to participate in the CPLA Program (non-refundable). These fees do not include individual course fees.

- $250 for American Library Association members
- $350 for non-ALA members

Payment information:
☐ Sending a check by mail (Make checks payable to ALA-APA)
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By entering your credit card information in the below, you are authorizing ALA-APA to charge the appropriate application fees above.

Visa/Mastercard/American Express
Cardholder’s Name: [ ]
Account Number: [ ]
Expiration Date: [ ] (MM/YY)

Optional - Credit Card Authorization Form (to be faxed) for applicants and CPLA Candidates who are Submitting for Course Completion Reviews.