# LSSC Course Provider Application Form

**Name of Contact:**

**Institution:**

**Address:**

**City, State, Zip:**

**E-mail:**

**Phone:**

**Fax:**

**Web site:**

**Sponsoring Entity (check one):**

- [ ] ALA Division, Roundtable or other unit
- [ ] State or Regional Library Association
- [ ] Library Technical Assistant program
- [ ] University program offering MLIS
- [ ] College or university
- [ ] Library consortia
- [ ] Regional library cooperative
- [ ] State library
- [ ] Independent trainer, vendor, or consultant
- [ ] Individual library
- [ ] Other (please specify):

**Course Title:**

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**Competency Set for which approval is requested (check one):**

**REQUIRED**

- [ ] Foundations of Library Services
- [ ] Communication and Teamwork
- [ ] Technology

**ELECTIVE**

- [ ] Access Services
- [ ] Adult Readers’ Advisory Services
- [ ] Cataloging and Classification
- [ ] Collection Management
- [ ] Reference and Information Services
- [ ] Supervision and Management
- [ ] Youth Services

**The course is offered:**

- [ ] Online (synchronous - specified, regular time)
- [ ] Online (asynchronous - self-paced)
- [ ] Face-to-face (in person)
- [ ] A combination of online and face-to-face

**Please check each statement to indicate agreement (required):**

- [ ] The proposed course covers all competencies in the competency set.
- [ ] The applicant agrees to keep student records for five years.
The following items must be attached to the application form in the order shown below. Applicant must clearly label each attachment. Before submitting the application, applicant should review the Course Approval Evaluation Rubric to review the criteria used to evaluate each course. Applications must meet the criteria outlined in the rubric.

1. The course syllabus that the instructor will use and the candidate will receive.
2. The following information, if not already clearly provided in the syllabus:
   a) A map of the LSSC competencies related to the course’s content, the course’s learning objectives and topics, and course assignments (available at http://ala-apa.org/lssc/courseproviders.html#coursemaps).
   b) Teaching methods
   c) Assessment methods
   d) Communication methods between instructor and student and between students
3. Resumes of course instructor(s).
4. When the course will be offered and how often. Please describe anticipated offerings for at least one calendar year from the date of this application. Courses must be offered at least one time per calendar year.

Course application fee

First and second courses submitted: $100 each course

Applications for each additional course: $50 each.

Please make all checks out to the ALA-Allied Professional Association or ALA-APA. Credit card payments may be made securely via the Web site at this website: www.ala-apa.org/certification/lsscpproviders.html. Invoices will not be accepted. Please send a copy of this form and requested documents electronically to lsscp@ala.org.

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

Name: 
Title: 
Date: 