



SAMPLE – DO NOT COMPLETE
ALA-APA Certification Program
Participant Application

1. Name (last, first, middle): _____
Name under which you obtained your MLS, if different:

2. Home address: _____

3. Phone number: _____
4. E-mail: _____
5. Name and address of employer: _____

6. Name of graduate institution: _____
7. Year of degree attainment: _____
8. Certification program for which you have applied (circle appropriate)
 - a. CPLA
 - b. TBA
 - c. TBA
 - d. TBA
 - e. TBA
 - f. TBA

Please attach a copy of your current resume and the appropriate funds. Send to:

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