**FLORIDA DEPARTMENT OF STATE**
**DIVISION OF LIBRARY AND INFORMATION SERVICES**

**Certification of Credentials**

The _____,
(Name of organization governing body)

governing body for the _____,
(Name of organization)

hereby certifies that _____,
(Name of incumbent)

who heads and administers the organization's library services program, is a librarian who has completed a library education program accredited by the American Library Association and is employed by the organization's governing body.

**Signature**

_____ _____
Chair, Organization Governing Body Date

_____
Name (Typed)