http://www.imls.gov/reviewers/library.aspx

For Library Professionals

Please fill out the contact information and experience portion below.

Contact / Experience	Information
Title:	•
First Name:	
Middle Name:	
Last Name:	
Institution:	
Job Title:	
Mailing Address:	
City:	
State:	▼
Zip:	
Shipping Address:	
City:	
State:	
Zip:	
Work Phone:	Home Phone:
E-mail:	Fax:
Highest Academic Degree:	Field of Study:
Years of teaching exp	erience in library/information science:
Years of professional	experience in library/information science:
Types of experience	in the past five years: (Please check all that apply)
Curriculum Deve	lopment
Archives and Spe	
Description	
Digitization	

	Distance Education
	Information Literacy
	Intellectual Property
	Library Administration
	Library/Information Science Education - Doctoral Level
	Library/Information Science Education - Master's Level
	Metadata
	Pre-professional Education
	Preservation
	Public Services
	Reference
	Research
	School Library/Media
	Service to Underserved Populations
	Student Recruitment/Retention
	Technology/Automation
	Web Design
	Other, such as work with networks & database design (please describe)
	se provide any additional information you would like about your expertise and interest in being MLS reviewer.
Pos:	Imo:
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<u>S</u> ul	

If you have any questions, please call the IMLS Office of Library Services at (202) 653-4700 begin_of_the_skype_highlighting (202) 653-4700 end_of_the_skype_highlighting.

TTY for hearing impaired: (202) 653-IMLS (4657). Or email us at libraryreviewers@imls.gov.