## **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 <b>teaching</b> experience in library/information science:				
Years of <b>professional</b> experience in library/information science:				
Types of experience	in the past five years: (Please check all that apply)			
Curriculum Deve	elopment			
Archives and Sp	ecial Collections			
Description				
Digitization				
Distance Educat	ion			
Information Lite	racy			
Intellectual Prop	perty			
Library Administ	ration			
	tion Science Education - Doctoral Level			
	tion Science Education - Master's Level			
Metadata				
Pre-professional	l Education			

OMB No. [\_\_\_\_\_] Exp. [\_\_\_\_]

	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)			
4	▼ ▶			
Demographic Information (optional)  Gender:  Male  ▼				
Rac	e (check all that apply)::			
	American Indian or Alaska Native			
	Asian			
	Black or African American			
	Native Hawaiian or Other Pacific Islander			
	White			
	Do not wish to provide			

Ethnicity:	Hispanic or Latino	•
Resume:		
Submit For	m Reset Form	

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

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

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