



**MCLS Certificate of Library Development in Soft Skills Application Form**

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**COURSE**

**DATE COMPLETED**

**LIVE or RECORDED (circle one)**

Accountability at Work	_____	Live	Recorded
Workplace Etiquette	_____	Live	Recorded
Critical Thinking	_____	Live	Recorded
Emotional Intelligence	_____	Live	Recorded
Productive Work Habits	_____	Live	Recorded

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email or fax this form to the training department at [Training@mcls.org](mailto:Training@mcls.org) or (517) 492-3878 or

Mail to: Midwest Collaborative for Library Services  
 Attn: Training Department  
 1407 Rensen Street, Suite 1  
 Lansing, MI 48910