



MCLS Certificate of Library Development in Soft Skills Application Form

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

<u>COURSE</u>	<u>DATE COMPLETED</u>	<u>LIVE or RECORDED (circle one)</u>	
Accountability at Work	_____	Live	Recorded
Business 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 or (517) 492-3878 or

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