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| logo_forms | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-11) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance. | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | I. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  Fun, Unique and Free Tools to Help Keep You Sane | | | | | | | | | | |
| Description of Program  Let’s be honest: sometimes, we all just need distractions, especially during a global pandemic. Chances are, your library patrons need the same. You will be amazed by just some of the endless variety of tools on the internet that are out there, that can be fun, awe-inspiring or both. We’ll spend some time delving into nooks and crannies of the internet that you probably didn’t know existed! Use these tools to share with library patrons or to use in library programming. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  10/7/2020 | | To *Mo./Day/Yr.*  10/7/2020 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  WVLS, NWLS, SWLS | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | II. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed *Mo./Day/Yr.* | | |