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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 Serving All Adults: Dementia Friendly Business Training & Customer Service |
| Description of ProgramScott Seeger and Meagan Fandrey of the Aging and Disability Resource Center of Central Wisconsin (ADRC-CW) will provide Dementia Friendly Business Training with an emphasis on customer service and inclusivity in the library. Attendees will receive the Dementia Friendly Business training. Libraries may earn a Dementia Friendly Business designation via this training.Attendees will leave with an understanding of services provided by ADRC county locations.Attendees will work through library specific customer service scenarios.The ADRC-CW works to provide peace of mind and quality of life to individuals and families through information and access to resources. |
| Relationship of Program to Present Position or Career Advancement      |
| Activity Dates | Location | Number of Contact Hours |
| From *Mo./Day/Yr.*11/17/2020 | To *Mo./Day/Yr.*11/17/2020 | online | Technology *If any*      | Total2.0 |
| Provider *If applicable*WVLS |
| Category *Check one, attach written summary if applicable*[ ]  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*[x]  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.* |