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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 Program  Scott 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* | | Total  2.0 |
| Provider *If applicable*  WVLS | | | | | | | | | | |
| 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.* | | |