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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  … Exhausting Than Having A Mental Illness Is Pretending That you Don't | | | | | | | | | | |
| Description of Program  Nearly 20% of Americans experience some form of mental health issue, yet it can be the loneliest place. Accepting who you are and sharing your needs can actually make you a better employee and employer. Being honest about yourself and up front about problems you face allows you to make the most of your skills, while building compassion from, and for, those with whom you work. And you just may find allies that will help you keep your balance and excel in the workplace because of the unique outlook you have. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  7/14/2021 | | To *Mo./Day/Yr.*  7/14/2021 | 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.* | | |