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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  Compassion Resilience and Anxiety Management During Tough Times | | | | | | | | | | |
| Description of Program  The COVID-19 pandemic and the subsequent events of 2020-21 have brought new and unprecedented levels of uncertainty and stress to our personal and professional lives, and to those we serve. Uncertainty can cause stress, worry, and anxiety. A staff member experiencing chronic stress will struggle to care for themselves, let alone people who count on them for help. To better serve their patrons, it is more important than ever for library staff to prioritize their personal and emotional health. This webinar will explore how library staff can help stay resilient. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  9/22/2021 | | To *Mo./Day/Yr.*  9/22/2021 | 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.* | | |