

**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 at <a href="http://dpi.wi.gov/pld/certification">http://dpi.wi.gov/pld/certification</a>.

I. GENERAL INFORMATION

Name Last, First, Middle

Mailing Address Street / PO Box, City, State, ZIP

## **II. CONTINUING EDUCATION ACTIVITY DESCRIPTION**

Title of Program

Description of Program

Relationship of Program to Present Position or Career Advancement

Activity Dates		Location	Number of Contact Hours	
From Mo./Day/Yr.	To Mo./Day/Yr.		Technology If any	Total

Provider If applicable

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

**III. SIGNATURE** 

I HEREBY CERTIFY that the information provided is true and correct to the best of my knowledge.

Signature of Participant

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Date Signed Mo./Day/Yr.