

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 http://dpi.wi.gov/pld/certification.

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

 \succ

Date Signed Mo./Day/Yr.