

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		II. CONTINUING EDUCATION ACTIVITY DESCRIPTION			
Description of Program					
Relationship of Program to Present Position or Career Advancement					
Activity Dates L		Location	Number of C	Number of Contact Hours	
From <i>Mo./Day/Yr.</i>	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			Date Sign	Date Signed Mo./Day/Yr.	
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