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| logo_forms | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-16) | | | | **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  Don't Be Spooked: Job Search Made Easy | | | | | | | | | | |
| Description of Program  Kevin Virobik, Business Services Consultant for the Department of Workforce Development led a conversation about the no-cost programs and services offered at local Job Centers. Participants will be able to confidently refer Library customers to community experts in job search techniques, resume creation, interview preparation, career exploration and similar resources. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  10/29/2018 | | To *Mo./Day/Yr.*  10/29/2018 | Menasha Job Center | | | | | Technology *If any*  0.00 | | Total  2.0 |
| Provider *If applicable*  OWLS and Department of Workforce Development | | | | | | | | | | |
| 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 Signed Mo./Day/Yr. | | |