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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 ProgramMaking a Collection Count  |
| Description of ProgramWebinar presented by Holly Hibner and Mary Kelly of Awful Library BooksMake your collection count! We will discuss collection development policies that balance popular with well-rounded content, reflect diversity and inclusion, and provide methods for dealing with (and avoiding) challenges. This session talks about how to measure a collection's quality. This includes the benefits and methods of taking a physical inventory, analyzing collection procedures and workflows, and the life cycle of a collection. Our holistic approach to collection management will help all types and sizes of libraries to keep pace with the demands and expectations of their communities.Part 1 of a 5-Part Collection Development Series |
| Relationship of Program to Present Position or Career Advancement      |
| Activity Dates | Location | Number of Contact Hours |
| From *Mo./Day/Yr.*4/19/2017 | To *Mo./Day/Yr.*4/19/2017 | Go To Webinar | Technology *If any*0.00 | Total1.0 |
| Provider *If applicable*IFLS, MCLS, NFLS, NWLS, OWLS, SCLS, SEWI, SWLS, WLS, WRLS, WVLS |
| Category *Check one, attach written summary if applicable*[ ]  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*[x]  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.* |