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|  | | 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  Canva Basics Workshop | | | | | | | | | | |
| Description of Program  Feel confident with the basics of using Canva: how to adapt templates, create original designs, use text, images, and photos, and download your designs. Spend time practicing your skills and ask questions along the way with sample projects, or get help creating something for your library.  Basic Overview of Canva  • The home screen and the elements of Canva  • The Selecting a template or layout  • Creating an original design  • Basic editing - adding elements, text, and uploading images; • Moving, positioning, and changing elements  • Publishing and sharing creations | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  3/21/2023 | | To *Mo./Day/Yr.*  3/21/2023 | Ripon Public Library | | | | | Technology *If any*  1.50 | | Total  1.5 |
| Provider *If applicable*  Winnefox Library System Staff | | | | | | | | | | |
| 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. | | |