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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  Community Fundraising Success Stories | | | | | | | | | | |
| Description of Program  Three directors from Wisconsin public libraries shared their local fundraising success stories. They provided inspiration and ideas to help staff find a local base of supporters who are ready to get involved and become change agents for the library. The presenters were Christy Ross Director, Brandon Public Library), Svetha Hetzler (Director, Sun Prairie Public Library), and Heidi Cox (Director, E.D. Locke Public Library, McFarland). | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  9/13/2022 | | To *Mo./Day/Yr.*  9/13/2022 | online webinar | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  NEWI and SCLS | | | | | | | | | | |
| 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. | | |