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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 Program  What You Need to Know About Library Technology | | | | | | | | | | |
| Description of Program  Webinar presented by Roy Tennant, Senior Program Officer, OCLC Research, San Mateo, CA. Now that the revolutionary change that the Internet caused in libraries has largely been absorbed, what are the technologies that may change what we do or how we do it in the future? What changes to our metadata infrastructure will we need to weather? What new opportunities will these potential changes provide? This and more will be explored in a rollicking look at where we've been and are going in the near future. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/22/2015 | | To *Mo./Day/Yr.*  1/22/2015 | Online | | | | | Technology *If any*  1.00 | | Total  1.0 |
| Provider *If applicable*  NFLS | | | | | | | | | | |
| 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 | | | | | | | | | | |
|  | | | | 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.* | | |