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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  The Wrong Love: Real Conversations about Love in Libraries | | | | | | | | | | |
| Description of Program  Webinar presented by Sarah Houghton, Director, San Rafael Public Library, San Rafael, CA. Much is written about love and libraries. Much of library marketing across the world is focused on reminding people that they love libraries, or soliciting them to say outright that they love their libraries and their librarians. Modern library messaging should be that “The Library Loves You,” not pleading for love from our communities. How do we shift the viewpoint to be less navel-gazing and insecure and more about sharing our commitment to our communities? | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/21/2015 | | To *Mo./Day/Yr.*  1/21/2015 | Online | | | | | Technology *If any* | | 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.* | | |