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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  Welcome Aboard: Planning for New Employee Success | | | | | | | | | | |
| Description of Program  You hired a new employee but now have the daunting task of training. Before panic sets in, let’s talk about setting up onboarding practices! Onboarding is how you thoughtfully integrate your new employee into your library. In this session, we will explore tools and tips for best supporting the success of your new hires while making the process efficient and effective. We will review onboarding toolkits and checklists as well as the various phases of onboarding. The goal is to create a successful and manageable training program for you and your new employee!  Participants Will:  - Learn the concept of onboarding  - Review toolkits and checklists in the onboarding process  - Create a manageable onboarding training program | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/26/2022 | | To *Mo./Day/Yr.*  1/26/2022 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  Wisconsin Public Library Systems, DPI | | | | | | | | | | |
| 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.* | | |