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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  Overcoming the Email Avalanche: Three Steps to an Empty Inbox | | | | | | | | | | |
| Description of Program  Huge volumes of email are a fact of office life, yet it threatens to overwhelm our work. Is there a way to get email under control short of mass deleting your entire inbox? Yes, there is! In this fun and engaging session, presenter Doug Crane showed participants how to clear out inbox backlog, no matter how large; identify different types of actionable email and how to respond accordingly; create an efficient organizational structure to their email client; reliably locate archived email; and celebrate the joys of an empty inbox. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  9/20/2022 | | To *Mo./Day/Yr.*  9/20/2022 | online webinar | | | | | Technology *If any*  1.50 | | Total  1.5 |
| Provider *If applicable*  all 16 library systems and 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 | | | | | | | | | | |
|  | | | | 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. | | |