



I. GENERAL INFORMATION

Name *Last, First, Middle*

Mailing Address *Street / PO Box, City, State, ZIP*

II. CONTINUING EDUCATION ACTIVITY DESCRIPTION

Title of Program

SWLS Library Tour Program

Description of Program

This program requires SWLS directors to reflect and deepen their knowledge of The Wisconsin Public Library Standards [OR] The Inclusive Services Assessment and Guide for Wisconsin Public Libraries. Participants will apply this knowledge by touring a library and submitting a report to SWLS. Directors will build connections with their colleagues and walk away with ideas they can take back to their library.

Relationship of Program to Present Position or Career Advancement

Activity Dates		Location	Number of Contact Hours	
From <i>Mo./Day/Yr.</i>	To <i>Mo./Day/Yr.</i>		Technology <i>If any</i>	Total
:	:		:	:

Provider *If applicable*

SWLS

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.*