

Professional Development Documentation

Name of Provider: *East Brunswick Public Library*

Participant's Name: _____

Title of Professional Development Activity: *Email Basics, Part I*

Description of Professional Development Activity: *Students will learn to use electronic mail to communicate with others. The class includes creating a web-based email account, reading, sending, replying, and forwarding messages.*

Date: _____

Location: *Computer Training Center, East Brunswick Public Library*

Presenter(s)/Facilitator(s): _____

Number of Actual Professional Development Hours: *2.0*

I certify that the above named educator accrued the indicated number of Professional Development hours.



(Signature of Provider/Provider of Record)