

Professional Development Documentation

Name of Provider: *East Brunswick Public Library*

Participant's Name: _____

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

Description of Professional Development Activity: *Second of a Two Part Series. Students build upon the skills learned in Email Basics Part I. They learn how to set up an address book, create folders, attach files and avoid computer viruses.*

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)