

MPLA Distance Education Information Coordinator Report
July 12, 2003

At the Fargo Board Meeting a concern was expressed that there was not a uniform reporting form for people attending the MPLA Conference to use when report contact hours. Some states may require that the approved state form be used. Others would accept an MPLA form. Offering an MPLA approved form appears to be desirable. The participant can select the method of reporting that is appropriate.

I have been participating in the CE Committee online meetings. This form was circulated to the CE Committee members for their comments. Responses indicate that the data elements are adequate. There was confusion about two forms on one page. The intent is that this is a master for use by the conference local arrangements committee. Two forms per page cut in the center would result in a half-page form in each conference packet. There is a cost saving in paper and reproduction costs but any saving may be offset by time invested in separating the two forms.

The more important question is who should sign the form. Is a signature necessary? If it is necessary here were suggestions from the CE Committee.

Someone at registration could be designated to sign
The MPLA Representative for the state in which the participant lives/works
Executive Secretary of MPLA
Chair of the CE Committee

The local arrangement chair has not reviewed this form. Before taking that step, I wanted to have more direction from the board. I will not be able to join you in Denver. I will be in contact with Jean Hatfield and Jeffrey Belliston following the board meeting. My thanks to the CE Committee for their input. Many thanks.

Jane Hatch

The Mountain Plains Library Association

Continuing Education Form

This form may be used to request acknowledgment of continuing education participation in the home state of the conference participant.

Last Name: _____ First
Name: _____

Library
Name: _____

Library Address: _____

City and State: _____
Zip: _____

Phone: _____
Position: _____

Conference City and State: _____ Number of Contact
Hours _____

Attach or record program information if required by home state association, state library or institution.

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