INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR APPROVAL OF CONTINUING EDUCATION ACTIVITY

(This form is to be used by the provider or participant.)

Note: Please use one form per class. Do not include multiple courses in one application.

- 1. Fill in the name, address, telephone number and email address of the provider.
- 2. Check the status of the provider.
- 3. Fill in the title of the course.
- 4. Include the name, profession, title, etc., of each instructor. Attach a résumé, if possible, or include a brief biography as might be included in a course catalogue, brochure, etc.
- 5. List the topics to be covered during the course. Please include as much information on course content as possible so the course can be judged fairly. If the course is not an interpreting course, please include a statement addressing how the topics relate to the profession of interpreting.
- 6. Course Details: Include the date(s) and time(s) when the course is being offered, location, and registration fee.
- 7. Include the number of hours of actual classroom participation (excluding lunch hours and breaks).
- 8. Provide an approximate number of participants.
- 9. List course materials to be used.
- 10. If the provider is submitting the application, he/she should print his/her name on the line provided and sign and date the form. If an interpreter is submitting the application, he/she may complete this item with his/her name and signature. Whoever signs #10 will be informed as to the program manager's decision.

Also provide the below-listed attachments (REQUIRED):

- · Resume or Bio
- Syllabus or Course Agenda
- Copy of Promotional Materials
- Other information that may be helpful in determining credits.

APPLICATION FOR COURSE APPROVAL

Approval of a Continuing Education Activity for Court Interpreter Continuing Education Credit

Provider Name:				
Address:				
		Email:		
Provider:	Individual	☐ Corporation	☐ Partnership	
	Professional Organization		☐ Educational Institution	
Activity or Cou	ırse Title:			
Name and Profession of each Instructor (attach résumé for each):				
	Covered in Activity (attach outline or syllabus, indicating the e to be spent on each topic).*			
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6.	Course Details:			
Da	ate(s)	Time(s)		
Lo	cation	Registration Fee		
7.	Total Number of Educational Hours:_			
8.	Anticipated Number of Students:			
9.	Course materials to be used (textbooks, videos, audiovisual equipment, etc.):			
10	named continuing education provider nate provider has been granted permission by presented in this continuing education as			
Sig	gnature	Date		