



# CONTINUING EDUCATION APPLICATION FOR INTERPRETERS

1. Name of interpreter requesting approval: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Interpreter is:  Certified – Master Level       Certified  
 Interpreter for Deaf or Hard of Hearing

3. Activity or course title: \_\_\_\_\_

4. Name and Profession of each Instructor (*attach a resume for each*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Topics to be Covered in Activity (*attach outline or syllabus, indicating the amount of time to be spent on each topic*).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date(s), Time(s), Location(s) and Registration Fees of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Total Number of Contact Hours: (*Please refer to section 4.2 of the Policy Manual on how to calculate contact hours. No credit will be given for programs less than 60 minutes in length.*)

\_\_\_\_\_

8. Anticipated Number of Students: \_\_\_\_\_

9. Course Materials to be Used (*textbooks, videos, audiovisual equipment, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **For Interpreters:**

I, \_\_\_\_\_, certify that I attended the presentation named herein as witnessed by the attached certificate or other documentation of attendance.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Attachments:**

- Resume or brief biographical profile of each instructor
- Syllabus
- Copy of promotional materials used to advertise the activity
- Certificate of attendance

**Questions or concerns?**

Please email the Language Access Office at (208) 947-7554 [languageaccess@idcourts.net](mailto:languageaccess@idcourts.net).

**PLEASE MAIL TO:**

Administrative Office of the Courts  
Attention: Statewide Language Access Manager  
P.O. Box 83720  
Boise, ID 83720-0101