CONTINUING EDUCATION APPLICATION FOR PROVIDERS



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

Name of Provider Requesting Approval: Address:				
Address:				
Phone Number:		Email Address:		
Status of Provider:	☐ Individual ☐ Professional Organization	☐ Corporation☐ Government Agency	☐ Educational	
Activity or course ti	tle:			
		attach a resume for eac	<u> </u>	
spent on each topic).		·	· ·	
		·	licating the amount of time t	
Date(s), Time(s), Lo Total Number of Co	cation(s) and Registra	ation Fees of Activity:		
Date(s), Time(s), Lo	cation(s) and Registra ntact Hours: (Please a urs. No credit will be	ation Fees of Activity:	he Policy Manual on how to ess than 60 minutes in lengt	
Date(s), Time(s), Lo Total Number of Co calculate contact ho Anticipated Number	ntact Hours: (Please aurs. No credit will be	refer to section 4.2 of to	he Policy Manual on how to	

10.	For Providers:				
		, represent the above-named continuing education provider			
	herein, do hereby certify that the provider has been granted permission by the author or authors of all materials presented in this continuing education activity to copy such materials, and that no				
	violation of cactivity.	opyright will occur in the dissemination of materials for this continuing education			
		Signature Date			
	Attachments:				
		Resume or brief biographical profile of each instructor Syllabus			
		Copy of promotional materials used to advertise the activity			
Quest	ions or concer	rns?			
Please	contact the La	nguage Access Office at (208) 954-7554 or languageaccess@idcourts.net .			
PLEA	SE MAIL TO	Administrative Office of the Courts			
		Attention: Statewide Language Access Manager			
		P.O. Box 83720			
		Boise, ID 83720-0101			

Applications should be submitted at least 60 days in advance of the program to assure approval.