

10. **For Providers:**

I, _____, 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 copyright will occur in the dissemination of materials for this continuing education activity.

Signature

Date

Attachments:

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

Questions or concerns?

Please contact the Language Access Office at (208) 954-7554 or languageaccess@idcourts.net.

PLEASE 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.