

CONTINUING EDUCATION APPLICATION FOR INTERPRETERS

1. Name of interpreter requesting approval: _____

Address: _____

Phone Number: _____ Email Address: _____

2. Interpreter is: Certified – Master Level Certified

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

PLEASE MAIL TO:

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