

Idaho Administrative Office of the Courts
Certified Court Interpreter Continuing Education Compliance Form

Please type or print clearly and legibly in ink. Please submit only one compliance form for each two-year compliance period and complete every section of the form. Please also enclose your \$10 renewal fee.

THIS COMPLIANCE PERIOD IS FROM: January 1, _____ - December 31, _____

SECTION I – GENERAL INFORMATION

Name: _____

City/State: _____ Zip Code: _____

Contact Numbers: _____

E-mail Address: _____

Certified Language(s): _____

SECTION II– SKILLS AND KNOWLEDGE

Please list your continuing education activities for the current compliance period. You must complete a total of 16 hours of continuing education.

Continuing Education Activities (please attach proof at attendance.)

Activity (<i>Title</i>)	Date(s)
Provider (<i>Name</i>)	Number of credits

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Provider (<i>Name</i>)	Number of credits

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Provider (<i>Name</i>)	Number of credits

Activity (<i>Title</i>)	Date(s)
Provider (<i>Name</i>)	Number of credits

Activity (<i>Title</i>)	Date(s)
Provider (<i>Name</i>)	Number of credits

TOTAL CREDITS: _____

SECTION III- PROFESSIONAL EXPERIENCE

Please list the 80 hours (40 hours/year) of professional assignments that you have participated in during this compliance period (an assignment is a law-related interpreting duty for a specific case, performed on a specific date).

Continuing Education Activities

Service Location		Date(s)
Case Number	Description of Proceeding	Hours

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Case Number	Description of Proceeding	Hours

Service Location		Date(s)
Case Number	Description of Proceeding	Hours

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Case Number	Description of Proceeding	Hours

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Case Number	Description of Proceeding	Hours

Attach additional pages as necessary

SECTION IV– RENEWAL FEE

Please include a renewal fee of **\$10** made payable to the Idaho Supreme Court. This may be paid in cash, check or money order. Credit card payments are not accepted.

SECTION V– ADDITIONAL INFORMATION NEEDED

In addition to this form, you will also need to sign and return an *Authorization and Consent Form for Release of Information Form* for a criminal history records check.

I declare under penalty of perjury under the laws of the state of Idaho that the information provided in this compliance form is true and correct.

Signature: _____ Date: _____

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

**Please sign, date and provide all required information and return with your renewal fee.
Forms that are incomplete will be returned.**