

**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

Service Location		Date(s)
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

Service Location		Date(s)
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: Court Interpreter Program  
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.**