

CONTINUING EDUCATION APPLICATION FOR PROVIDERS

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

1. Name of Provider Requesting Approval: _____
 Address: _____

 Phone Number: _____ Email Address: _____
 2. Status of Provider: ☐ Individual ☐ Corporation ☐ Partnership
 ☐ Professional ☐ Government ☐ Educational
 Organization Agency Institution
 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 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

PLEASE MAIL TO: Administrative Office of the Courts
Attention: Court Interpreter Program
P.O. Box 83720
Boise, ID 83720-0101