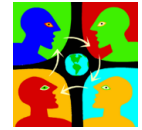


# WISCONSIN COURT INTERPRETER PROGRAM

## Application for Approval of Continuing Education Credits: Provider



110 E Main Street | Suite #410 | Madison WI 53703 | p: (608) 266-8635 | e: [alexandra.wirth@wicourts.gov](mailto:alexandra.wirth@wicourts.gov) | f: (608) 267-0911

**Instructions:** A provider may request approval of credits from the Wisconsin Court Interpreter Program (CIP) by using this form and submitting it to the CIP via US mail, e-mail, or fax at least **30 calendar days** prior to the start of the event. Continuing Education (CE) credit approval will not be granted after the event has occurred. **A non-refundable application fee of \$50 per course per calendar year is required; not to exceed \$300 per provider per calendar year.** To pay click on the following link: <https://www.wicourts.gov/services/payment/paymentcip.htm>

Complete all fields. Upon submission of this form and any supporting program documents, the provider will be notified in a letter via email as to whether the event has been approved or denied as CE. If approved, the letter will indicate the number of credits approved and will assign a CIP Course Locator Number. **The maximum number of credits that may be approved is 8 credits per educational topic and 16 credits per educational event. (e.g. A 2-day interpreting conference may be approved for 16 credits, but any individual workshop on a specific topic may be approved up to 8 credits).**

Providers of approved CE should have a written policy in place, available upon request, regarding refunds due to non-attendance, time period for return of fees, and notification of activity cancellation. As part of their internal records, providers should have available 1) course outline or syllabus; 2) a record of the date and time of the event; 3) qualifications of each presenter or instructor; 4) roster of attendance with the participants names and signatures; and 5) a copy of attendance verification issued to participants.

### PART I. EVENT PROVIDER'S CONTACT INFORMATION

Name of Sponsoring Organization:		Type of Provider:	
Contact Person's Name:			
Street Address:		Suite/Room #:	
City:	State:	Zip:	Telephone:
E-mail Address:		Website (if applicable):	

### PART II. EVENT INFORMATION

Title of Event:		Type of Event:	
Provide a brief description of the event including learning objectives, relevance to legal interpreting, language specific enhancement, etc.			
Presenter's Name:		Location of Event:	
Date(s) of Event:	Start Time of Event:	End Time of Event:	
Expected Number of Attendees:	Registration Fee:	Website (if applicable):	
<b>Number of General Credits Requested:</b>	<b>Number of Ethics Credits Requested:</b>	<b>Total Credits Requested:</b>	

### PART III. SIGNATURE OF PROVIDER OR REQUESTOR

Signature:	Date:
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#### For CIP Use Only

<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	No. of General Credits Approved:	No. of Ethics Credit Approved:	Total Approved:
Date of Determination:		CIP Course Locator Number:		