## WISCONSIN COURT INTERPRETER PROGRAM

## **Application for Approval of Continuing Education Credits: Participant**



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*Instructions*: An individual may request approval of Continuing Education (CE) credit(s) from the Wisconsin Court Interpreter Program (CIP) for an educational activity or event that does not appear on the list of approved courses for CE by submitting this completed form to the CIP via US mail, e-mail, or fax at least 30 calendar days prior to the start of the event. CE credit approval will not be granted after the event has occurred.

Upon submission of this form and any supporting event program information, the individual will be notified via email as to whether the event has been approved or denied as CE. If approved, the email will indicate the number of credits approval has been granted 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. Attending 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).

PART I. PARTICIPANT INFORMATION													
Participant's Name:										WI ID#:			
E-mail Address:					Те			Telephone	one:		'		
PART II. EVENT PROVIDER'S CONTACT INFORMATION													
Name of Sponsoring Organization:					Туре					of Provide	r:		
Contact P	Person's l	Name:						E-mail Add	-mail Address:				
Street Ad	dress:							Suite		e/Room #	<b>t</b> :		
City:					State:		Zip:	p: Tel		ephone:			
					I			I					
PART III. EVENT INFORMATION													
Title of Ev	vent:						Type of			f Event:			
Provide a brief description of the event including learning objectives, relevance to legal interpreting, language specific enhancement, etc.													
Presenter's Name:							Loca	Location of Event:					
Date(s) of Event:						Start Time of Event:			Er		ne of Event:		
Website (	if applica	nble):											
Number of General Credits Requested			Requested:	Number of Ethics Credits Requested:					Total Credits Requested:				
PART IV	/. SIGN	ATURE C	F PARTICIP	ANT									
Signatur	e:				Date:								
L													
For CIP Use Only													
☐ Denie	d 🗆 🗸	Approved	No. of General Credits Approved:			No. of Ethics Credit App			dit Appr	oved:	Tota	Approved	:
Date of D	etermina	mination:				CIP Course Locator Number:			r:				