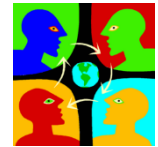


# WISCONSIN COURT INTERPRETER PROGRAM

## Application for Approval of Continuing Education Credits: Participant



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:** 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:		Telephone:	

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

Name of Sponsoring Organization:		Type of Provider:	<Choose an item>
Contact Person's Name:		E-mail Address:	
Street Address:		Suite/Room #:	
City:		State:	
		Zip:	
		Telephone:	

### PART III. EVENT INFORMATION

Title of Event:		Type of Event:	<Choose an Item>
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:	
Website (if applicable):			
Number of General Credits Requested:		Number of Ethics Credits Requested:	
		Total Credits Requested:	

### PART IV. SIGNATURE OF PARTICIPANT

Signature:		Date:	
------------	--	-------	--

#### 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:					