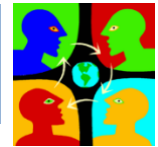


WISCONSIN COURT INTERPRETER PROGRAM

Application for Approval of Continuing Education Credits: Provider



110 E Main Street | Suite #410 | Madison WI 53703 | p: 608.266.8635 | e: carmel.capati@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.

Complete all fields or attach an announcement and/or promotional materials with the requested information. 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 approval has been granted and will assign a CIP Course Locator Number. **The maximum number of credits that may be approved is 16.**

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., or attach promotional materials, or include a link on the website to the event.					
Presenter's Name:			Location of Event:		
Date(s) of Event:		Start Time of Event:		End Time of Event:	
Expected Number of Attendees:		Registration Fee:	How is attendance confirmed?		
Number of General Credits Requested:		Number of Ethics Credits Requested:		Total Credits Requested:	

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:			