SUPREME COURT OF PENNSYLVANIA

Administrative Office of Pennsylvania Courts Interpreter Certification Program

Continuing Education Compliance Reporting Form

All Pennsylvania rostered court interpreters are required to submit this form at the end of their two-year continuing education compliance/renewal period. The renewal deadline is listed on your certificate and ID card. You must complete a minimum of sixteen (16) Continuing Education Units (CEUs) every two (2) years. The Interpreter Certification Program (ICP) must receive compliance forms two (2) months before the renewal deadline. Please complete this form and provide all information requested.

Part I: Complete all fields and provide your compliance/renewal period deadline along with a summary of the number of CEU credits you are reporting for this period. Every clock hour shall be counted as one credit hour of continuing education, up to a maximum of twelve (12) credit hours per single educational activity. A minimum of three (3) CEUs must be in professional conduct (ethics). Three (3) CEUs are allowed in medical interpreting trainings.

		Interprete	er Information						
Last Name:	First Name:								
Address:City:		City:	State:Zip Code:		Code:				
Day Phone:	E	mail Address:							
Language:									
Credential:	Master	Certified	Qualified	Conditional	Registered				
Compliance Period & Summary of Reported Credits									
My compliance period deadline is: Month: Date: Year:									
General credits:		_							
Ethics credits:		_							
Medical credits (if a	ny):								
Total CEUs reported	d for this complic	anceperiod:							
I certify that all inf	ormation conta	ined within this f	orm is true and	correct.					
Interpreter Signatu	re:			Date:					

Submit this completed form to the ICP two months prior to your compliance period deadline using any one of the three methods below:

Mail: Interpreter Certification Program

Administrative Office of Pennsylvania Courts

1515 Market Street, Suite 1414

Philadelphia, PA 19102

Fax: (215) 560-5492

E-mail: interpreterprogram@pacourts.us or Natalia.petrova@pacourts.us

Part II. Continuing Education Events and Activities

Pennsylvania rostered interpreters are required to complete sixteen (16) hours of continuing education, three (3) of which must be in ethics, and three (3) of which can be medical interpreting during every two-year compliance/renewal period. Provide details of continuing education activities for the current compliance period. Supporting documentation about individual educational activities (i.e. certificates of attendance or RID transcript) MUST be submitted with this form. Your CEU credits will not be credited unless accompanied by supporting documentation. Attach additional pages if necessary.

Name of Event or Activity	Fulfills Eth	ics Requirement	Yes	No
Brief Description of Activity (e.g. conference, wor	shop, class, online cou	rse, webi nar)		
Event Sponsor or Provider	Nı	umber of Credits (12 n	nax)	
Presenter or Instructor			_	
Date(s) of Activity: Time	•	.m. top.m.		
Name of Event or Activity	Fulfills Eth	ics Requirement	Yes	No
Brief Description of Activity (e.g. conference, wor	shop, class, online cou	rse, webi nar)		
Event Sponsor or Provider	N ₁		1	
Presenter or Instructor			nax)	
Date(s) of Activity: Time			_	
Date(3) STACTIVITY.	3) 01 Activity	<u>.</u> p		
Name of Event or Activity	Fulfills Eth	ics Requirement	Yes	No
Brief Description of Activity (e.g. conference, wor	<u> </u>	·		
		· .		
Event Sponsor or Provider	Nu	umber of Credits (12 n	nax)	
Presenter or Instructor			_	
Date(s) of Activity:Time	s) of Activity:a	.m. top.m.		

Name of Event or Activity	Fulfills Ethics Requirement	Yes	No				
Bri ef Description of Activity (e.g. conference, workshop, class, online course, webinar)							
Event Sponsor or Provider	Number of Credits (12 r	nax)					
Presenter or Instructor		_					
	Time(s) of Activity:a.m. top.m.						
Name of Event or Activity	Fulfills Ethics Requirement	Yes	No				
	ence, workshop, class, online course, webinar)	. 55	•				
2 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,,						
Event Spons or or Provider	Number of Credits (12 r	nax)					
	Number of creates (12)		<u> </u>				
	Time(s) of Activity:a.m. top.m.						
	5 160 50 5						
	Fulfills Ethics Requirement	Yes	No				
Brief Description of Activity (e.g. confere	ence, workshop, class, online course, webinar)						
	Number of Credits (12 r	max)					
Presenter or Instructor		_					
Date(s) of Activity:	Time(s) of Activity:a.m. top.m.						
Please use this space for additional i	nformation						
i icase use tins space for auditional l	mormativii.						