

SUPREME COURT OF PENNSYLVANIA
Administrative Office of Pennsylvania Courts
Interpreter Certification Program

Continuing Education Approval Request Form

All continuing education events must be approved in advance by the program administrator. Please complete this form, provide all requested information, and allow a minimum of thirty (30) days for review and approval.

Requesting interpreter information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ E-mail: _____

Interpreter classification: Master/Certified Qualified Conditional Registered

Event sponsor and contact information

Sponsor name: _____

Contact person: _____ Contact e-mail: _____

Daytime phone: _____ Fax: _____

Event information and description

Event name or title: _____

Date(s): _____ Time: _____ a.m. to _____ p.m.

Presenter or Instructor: _____ Title: _____

(For conferences or multi-day events, please list names and titles of presenters for each event in a separate sheet and attach to this form.)

Brief description of content: _____

(For conferences or multi-day events, please describe each event or activity you are attending in a separate sheet and attach to this form.)

Web site address promoting the event: _____

Continuing education units requested: _____ Number of contact hours: _____ Registration fee: \$ _____

If requesting credit for an academic course

Name of institution: _____ Course title: _____

Instructor name: _____ Title: _____

Class schedule (days & times): _____ Location: _____

Topics covered: _____

(Please attach an outline or syllabus describing work requirements for the successful completion of the course or seminar.)

Number of academic credits: _____ Registration fee: \$ _____

If you are teaching this course, please provide the following:

Total number of instruction hours: _____ Total number of preparation hours: _____

Your academic title: _____ Approximate number of students: _____

Verification & Submission

I certify that the information provided is complete and correct to the best of my knowledge. I will provide satisfactory verification of attendance and completion of all activities and events for which I am requesting continuing education credit herein at the completion of each event or activity to the program administrator.

Interpreter name (*please print*) _____ Date: _____

Interpreter signature _____

- Attachments:
- Copy of promotional materials advertising the event
 - List of workshops and presenters (*for conferences and multi-day events*)
 - Copy of outline or syllabus (*for academic courses and seminars*)
 - Verification of registration in event, activity, workshop or seminar
 - Additional supporting information attached: _____

Please submit this form and all applicable supporting information to the Interpreter Program Administrator a minimum of thirty (30) days prior to the event using **one** of the following methods:

Mail: Interpreter Certification Program
Administrative Office of Pennsylvania Courts
1515 Market Street, Suite 1414
Philadelphia, PA 19102

Fax: Court Interpreter Program, (215) 560-5492

E-mail: InterpreterProgram@pacourts.us

Approval (for office use only)

Reviewed by:	Date received
Comments:	

CEU approved: _____ Date: _____ Entered in CRM: _____