

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

Provider 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.

Provider/Sponsor Information

Provider/Sponsor Name: _____

Contact person: _____ Contact e-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Fax: _____

Provider e-mail: _____ Website: _____

Provider/Sponsor status: Individual Corporation Partnership Professional Organization
 Government Agency Educational Institution Other: _____

Activity/Event Information and Description

Activity/Event title: _____

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

Presenter or Instructor: _____ Title: _____

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

Brief description of content: _____

(For conferences, multi-day or online events, describe each event or activity on 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 Approval for an Academic or Online Course

Course title: _____ Instructor name: _____

(If more than one submit a separate list)

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

(Provider web address if online course)

Requirements: _____

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

Academic credits awarded: _____ Number of students: _____

Total instruction hours: _____ Total preparation hours: _____ Registration fee: \$ _____

Additional info if an online activity: Total self-study hours: _____ Total instructor/student contact hours: _____

Website address where activity will be held: _____

Performance evaluation method: _____

(Attach description when necessary)

Verification & Submission

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

Provider/Sponsor name (*please print*) _____ Date: _____

Provider/Sponsor authorized signature _____

- Attachments:
- Copy of promotional materials advertising the activity/event
 - List of workshops and presenters (*for conferences and multi-day events*)
 - Instructors and presenters resumes or other proof of credentials
 - Copy of outline or syllabus (*for academic, online courses and seminars*)
 - 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 date 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)

<i>Reviewed by:</i>	<i>Date received</i>
<i>Comments:</i>	
<i>CEU approved:</i> _____ <i>Date:</i> _____	