# Wisconsin Court Interpreter Program

## Continuing Education & Professional Development Reporting Form

***Instructions***: Please complete the information below for each educational event you would like listed on the roster. If you belong to a professional interpreting or translation association, such as NAJIT or ATA or a local chapter, you may use this form to provide current membership information as well. Attach proof of completion of course, workshop, conference or class attended, or membership verification with this form to the Court Interpreter Program within thirty (30) days of completion of the educational course or date of joining by using one of the following methods:

*Mail*: Director of State Courts Office of Court Operations, 110 E Main Street, Suite #410, Madison WI 53703,

Attn. Court Interpreter Program,

*Fax*: (608) 267-0911

*E-Mail*: [carmel.capati@wicourts.gov](mailto:carmel.capati@wicourts.gov)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part 1. Information about interpreter | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | Interpreter ID: | | |  |
| Phone: |  | | | | | | | | | | | E-Mail: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Part 2. information about educational Sponsor | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Name of Event Sponsor: | | | | | |  | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| Name of Contact Person: | | | | | |  | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | E-mail: | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Part 2A. Information about Educational Event | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Name of Event/Course/Workshop: | | | | | | | |  | | | | | | | | | | |
| Name of Presenter & Title: (*for conferences or multi-day events, list speakers & titles on separate sheet or attach agenda*) | | | | | | | |  | | | | | | | | | | |
| Brief Description of Content: | | | | | | | | | | | | | | | | | | |
| Date(s) of Activity: | | |  | | | | | | | Time of Activity: | | | | | | (*from*) | | |
| Number of Credits: (*if applicable*) | | | | | | |  | | | | | | | | | *(to)* | | |
|  | | | | | | | | | | | | | | | | | | |
| Part 3. Information about Membership Association | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Name of Association: | | | |  | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | |
| Membership Valid: | | | | *(from)* | | | | | Membership Type: | | | | | | | |  | |
|  | | | | *(to)* | | | | | If renewal, year joined: | | | | | | | |  | |
| *By signing this form, I acknowledge that the above is true and correct.* | | | | | | | | | | | | | | | | | | |
| Signature of Interpreter: | | | | |  | | | | | | | | | | | Date: |  | |
|  | | | | | | | | | | | | | | | | | | |
| *This Section for Program Use Only*  Date of CIP Receipt:  Approved and Entered | | | | | | | | | | | | | | | | | | |

*Form version 6-2013*