Court Interpreter Program

State of Wisconsin

CONTINUING EDUCATION COMPLIANCE REPORTING FORM

Instructions: This form must be submitted at the end of the interpreter's two-year Continuing Education (CE) compliance period and received by the Court Interpreter Program (CIP) by the appropriate deadline. You are not required to submit additional documents unless requested by the CIP.

For courses approved by the CIP only enter the event, provider and number of general, ethics, and total of credits attended. To find course locator numbers refer to the list of approved courses found here.

For courses that are **NOT pre-approved by the CIP**, fill out the fields shaded in blue, and be prepared to submit supporting documents if requested.

PART I. INTERPRETER INFORMATION					
Last Name:		First:		WI ID #:	
Roster Level:					

PART II. LISTING OF INDIVIDUAL ACTIVITIES

1.					
Name of Event:			Course Provider:		
A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	
Was this activity pre-approved	☐ Yes. Provide CIP course locator number:				
	☐ **No. Complete ALL information below:**				
Brief Description:					
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:	
Presenter's Name:				Location of Event:	

2.					
Name of Event:			Course Provider:		
A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	
Was this activity pre-approved	☐ Yes. Provide CIP course locator number:				
	☐ **No. Complete ALL information below:**				
Brief Description:					

Date(s) of Event:		Start Time:		Stop Time:		Type of Event:	
Presenter's Name:				Location of Event:			

3.

Name of Event:			Course Provider:	

A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	

Was this activity pre-approved	☐ Yes. Provide CIP course locator number:	
	☐ **No. Complete ALL information below:**	

Brief Description:

Date(s) of Event:		Start Time:		Stop Time:		Type of Event:	
Presenter's Name:				Location of Event:			

4.

Name of Event:			Course Provider:	

A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	

Was this activity pre-approved	☐ Yes. Provide CIP course locator number:	
	☐ **No. Complete ALL information below:**	

Brief Description:

Date(s) of Event:		Start Time:		Stop Time:		Type of Event:	
Presenter's Name:				Location of Event:			

5.

Name of Event:			Course Provider:	

A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	

Was this activity pre-approved	☐ Yes. Provide CIP course locator number:	
	☐ **No. Complete ALL information below:**	

Court Interpreter Program
State of Wisconsin

Brief Description:								
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:		
Presenter's Name:				Location of Event:				
6.								
Name of Event:						Course Provider:		
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:		
Was this activity pre-approved		☐ Yes. Provide CIP course locator number:						
	☐ **No. Complete ALL information below:**							

Brief Description:								
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:		
Presenter's Name:				Location of Event:				
7.								
Name of Event:						Course Provider:		
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:		
Was this activity pre-approved		☐ Yes. Provide CIP course locator number:						
	☐ **No. Complete ALL information below:**							

Brief Description:								
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:		
Presenter's Name:				Location of Event:				
8.								
Name of Event:						Course Provider:		
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:		
Was this activity pre-approved		☐ Yes. Provide CIP course locator number:						

☐ **No. Complete ALL information below:**						
Brief Description:						
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:
Presenter's Name:				Location of Event:		

9.

Name of Event:				Course Provider:	
A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	
Was this activity pre-approved	☐ Yes. Provide CIP course locator number:		

☐ **No. Complete ALL information below:**						
Brief Description:						
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:
Presenter's Name:				Location of Event:		

10.

Name of Event:				Course Provider:	
A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	
Was this activity pre-approved	☐ Yes. Provide CIP course locator number:		

☐ **No. Complete ALL information below:**						
Brief Description:						
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:
Presenter's Name:				Location of Event:		

11.

Name of Event:				Course Provider:	
A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	

| Was this activity pre-approved | ☐ Yes. Provide CIP course locator number: | |
| | ☐ **No. Complete ALL information below:** | |

Brief Description:							
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:	
Presenter's Name:				Location of Event:			

12.

Name of Event:			Course Provider:	
A. Number of General Credits Attended:		B. Number of Ethics Credits Attended:		Total Credits Attended:	

| Was this activity pre-approved | ☐ Yes. Provide CIP course locator number: | |
| | ☐ **No. Complete ALL information below:** | |

Brief Description:							
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:	
Presenter's Name:				Location of Event:			

PART III. SUMMARY OF REPORTED CREDITS

[Add up the "A" credits from your individual activities in Part II]	A. Number General Credits reporting for this compliance period:
[Add up the "B" credits from your individual activities in Part II]	B. Number of Ethics Credits reporting for this compliance period:
[Number of carry over credits from previous compliance period. This number cannot exceed "6"]	C. Number of carry-over General credits from previous compliance period (if applicable):
[Add A, B, and C]	D. Total credits reporting for this compliance period:
[This number cannot exceed "6"]	E. Number of carry-over credits for next compliance period:

PART IV. ACKNOWLEDGEMENT AND SIGNATURE

I affirm that the information provided on this form is true and accurate to the best of my knowledge and memory.

Signature: Date: