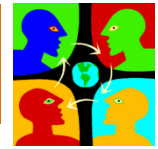


WISCONSIN COURT INTERPRETER PROGRAM

Continuing Education Compliance Reporting Form



110 E Main Street | Suite #410 | Madison WI 53703 | p: 608.266.8635 | e: alexandra.wirth@wicourts.gov | f: 608.267.0911

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 by e-mail, fax, or US mail. You are not required to submit additional documents unless requested by the CIP Manager.

Part I: Provide your First and Last Name and WI ID#. If you have no changes to your contact information, check the box, and go on to Part II. If you would like to make changes to your contact information, complete all the fields in Part I.

Part II. Provide the Name of the Event, sponsor, and number of general and/or ethics credits for each activity in which you participated. If the activity was pre-approved as CE, check "Yes" and provide the CIP course locator number. Course locator numbers can be found at <https://www.wicourts.gov/services/interpreter/docs/cecreditssummary.pdf>. If the event was not pre-approved, you must complete the additional shaded fields and be prepared to submit supporting documents if requested.

Parts III & IV. Complete all fields in the Summary of Reported Credits and sign and date Part IV.

PART I. INTERPRETER INFORMATION					<input type="checkbox"/> No changes to my contact information	
Last Name:				First:		
Street Address:				Apartment/Unit #:		
City:			State:			Zip:
Telephone:			E-mail Address:			Roster Level:

PART II. 1. LISTING OF INDIVIDUAL ACTIVITIES						
Name of Event:					Event Sponsor:	
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:
Was this activity pre-approved as CE?	<input type="checkbox"/> Yes. Provide CIP course locator number:		<input type="checkbox"/> 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. LISTING OF INDIVIDUAL ACTIVITIES						
Name of Event:					Event Sponsor:	
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:
Was this activity pre-approved as CE?	<input type="checkbox"/> Yes. Provide CIP course locator number:		<input type="checkbox"/> 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. LISTING OF INDIVIDUAL ACTIVITIES						
Name of Event:					Event Sponsor:	
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:
Was this activity pre-approved as CE?	<input type="checkbox"/> Yes. Provide CIP course locator number:		<input type="checkbox"/> 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. LISTING OF INDIVIDUAL ACTIVITIES									
Name of Event:					Event Sponsor:				
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:			
Was this activity pre-approved as CE?		<input type="checkbox"/> Yes. Provide CIP course locator number:			<input type="checkbox"/> 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. LISTING OF INDIVIDUAL ACTIVITIES									
Name of Event:					Event Sponsor:				
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:			
Was this activity pre-approved as CE?		<input type="checkbox"/> Yes. Provide CIP course locator number:			<input type="checkbox"/> No. Complete ALL information below:				
Brief Description:									
Date(s) of Event:		Start Time:		Stop Time:		Type of Event:			
Presenter's Name:					Location of Event:				

6. LISTING OF INDIVIDUAL ACTIVITIES									
Name of Event:					Event Sponsor:				
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:			
Was this activity pre-approved as CE?		<input type="checkbox"/> Yes. Provide CIP course locator number:			<input type="checkbox"/> 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. LISTING OF INDIVIDUAL ACTIVITIES									
Name of Event:					Event Sponsor:				
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:			
Was this activity pre-approved as CE?		<input type="checkbox"/> Yes. Provide CIP course locator number:			<input type="checkbox"/> 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. LISTING OF INDIVIDUAL ACTIVITIES									
Name of Event:					Event Sponsor:				
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:			
Was this activity pre-approved as CE?		<input type="checkbox"/> Yes. Provide CIP course locator number:			<input type="checkbox"/> 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. LISTING OF INDIVIDUAL ACTIVITIES									
Name of Event:					Event Sponsor:				
A. Number of General Credits Attended:			B. Number of Ethics Credits Attended:			Total Credits Attended:			

Was this activity pre-approved as CE?	<input type="checkbox"/> Yes. Provide CIP course locator number:	<input type="checkbox"/> No. Complete ALL information below:
Brief Description:		
Date(s) of Event:	Start Time:	Stop Time:
Presenter's Name:	Location of Event:	

10. LISTING OF INDIVIDUAL ACTIVITIES

Name of Event:	Event Sponsor:	
A. Number of General Credits Attended:	B. Number of Ethics Credits Attended:	Total Credits Attended:
Was this activity pre-approved as CE?	<input type="checkbox"/> Yes. Provide CIP course locator number:	<input type="checkbox"/> No. Complete ALL information below:
Brief Description:		
Date(s) of Event:	Start Time:	Stop Time:
Presenter's Name:	Location of Event:	

11. LISTING OF INDIVIDUAL ACTIVITIES

Name of Event:	Event Sponsor:	
A. Number of General Credits Attended:	B. Number of Ethics Credits Attended:	Total Credits Attended:
Was this activity pre-approved as CE?	<input type="checkbox"/> Yes. Provide CIP course locator number:	<input type="checkbox"/> No. Complete ALL information below:
Brief Description:		
Date(s) of Event:	Start Time:	Stop Time:
Presenter's Name:	Location of Event:	

12. LISTING OF INDIVIDUAL ACTIVITIES

Name of Event:	Event Sponsor:	
A. Number of General Credits Attended:	B. Number of Ethics Credits Attended:	Total Credits Attended:
Was this activity pre-approved as CE?	<input type="checkbox"/> Yes. Provide CIP course locator number:	<input type="checkbox"/> No. Complete ALL information below:
Brief Description:		
Date(s) of Event:	Start Time:	Stop Time:
Presenter's Name:	Location of Event:	

PART III. SUMMARY OF REPORTED CREDITS

My compliance period deadline is (check one box and complete the year): April 1, 20 October 1, 20

[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:

[If the letter from the CIP you received for your prior compliance period lists carry-over credits, enter that number here. 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: _____