



THE SUPREME COURT *of* OHIO

65 South Front Street Columbus, Ohio 43215-3431

CIE Form #2

APPLICATION FOR APPROVAL OF INTERPRETER CONTINUING EDUCATION CREDITS

This form is for interpreters seeking to report continuing education credits. Please list the details of the training session for which you are applying to earn continuing education credits. Incomplete forms will be returned and credit will not be accepted. Please attach program descriptions, an agenda which delineates the times of the program including start/end and breaks for the session, and the instructor's or sponsored agency's contact information.

APPLICANT INFORMATION (type or print):

_____ | _____ | _____
Last Name First Name Middle Name

Mailing Address:

_____ | _____ | _____ | _____
City State County Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-Mail Address: _____

Language(s) of Expertise: _____

COURT INTERPRETER TRAINING DETAILS:

Name of Training: _____ Date of Training: _____

Sponsor: _____

Number of General Hours: _____ Number of Ethics Hours: _____

Please submit a copy of the agenda and your certificate of attendance for this training session with this application.

Certification

I certify that the training information I provided is true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it may not be processed and it will be returned to me at the address on the form. I also understand that the training sessions listed will be confirmed prior to receiving approval of all continuing education credits for a two year period (24 hours).

Signature	Date
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