



STATE OF MISSOURI  
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
**Application for Approval of Continuing Education Program**

1500 Southridge Dr., Suite 201  
 Jefferson City, MO 65109  
 (573) 526-5205 (V/TTY)

**PURPOSE OF FORM:** This form is to be used when a provider of continuing education desires approval of a program by the Board of Certification of Interpreters for participants to be provided continuing education hours to satisfy Missouri Interpreter Certification System (MICS) CEU requirements.

**INSTRUCTIONS:** This form is to be submitted thirty (30) days prior to the initiation of the program for which CEUs are desired. COMPLETE THIS FORM CAREFULLY. All information must be complete, and the program must comply with all rules and regulations of the BCI before approval is granted.

PROGRAM PROVIDER (INSTITUTION, ORGANIZATION OR PERSON)

CONTACT PERSON FOR REGISTRATION (NAME, ADDRESS, CITY, STATE, ZIP CODE)

TELEPHONE NUMBER

PROGRAM TITLE

NAME OF INSTRUCTOR(S)

The instructor's resume must be included to show education, experience and expertise to provide this activity.

Are any instructor(s) applying for CEUs for time expended during this activity?  Yes  No    Are any instructor(s) in an ITP/IPP?  Yes  No

BRIEF DESCRIPTION OF THE PROGRAM (ATTACH ADDITIONAL PAGES IF NEEDED)

SPECIFIC PROGRAM OBJECTIVES/GOALS (ATTACH ADDITIONAL PAGES IF NEEDED)

TYPE OF PROGRAM (MARK ALL THAT APPLY)

- LIVE LECTURE
- WORKSHOP OR DISCUSSION GROUPS ONLY
- LIVE LECTURE WITH OPEN DISCUSSION PERIOD
- OTHER

METHOD OF DELIVERY/MATERIALS USED (MARK ALL THAT APPLY)

- HANDS-ON EXPERIENCE     HANDOUTS (PLEASE ATTACH)
- AUDIO-CASSETTE             OTHER
- VIDEO OR DVD
- JOURNAL ARTICLES

EVALUATION METHODS (HOW WILL PARTICIPANTS BE EVALUATED TO ASSURE SATISFACTORY COMPLETION AND COMPREHENSION OF SUCH PROGRAM AND HOW THE PROGRAM AND INSTRUCTOR(S) WILL BE EVALUATED. PLEASE INCLUDE COPY OF EVALUATION FORMS)

THIS PROGRAM IS WITHIN THE CONTENT AREA OF:

- CULTURE     SKILLS DEVELOPMENT     TRENDS/ISSUES IN THE INTERPRETING PROFESSION     SPECIALIZED SKILLS
- INSTRUCTION     OTHER

THE INSTRUCTIONAL LEVEL OF THIS ACTIVITY IS:     INTRODUCTORY     BEGINNER     INTERMEDIATE     ADVANCED

THE TARGET AUDIENCE IS:

PROGRAM LOCATION (NAME, ADDRESS, CITY, STATE, ZIP CODE)

DATE(S) OF PROGRAM

START AND ENDING TIME OF PROGRAM

TOTAL HOURS

SIGNATURE OF APPLICANT

DATE

**FOR OFFICE USE ONLY**

Date Received

Approved     Disapproved

Amount of CEUs

Resume Include

Approved By

Date Notified and Initials