



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

**MCDHH 3216 Emerald Lane,
Suite B 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 ONLINE
- 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 A 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	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Amount of CEUs	Resume Include	Approved By	Date Notified and Initials
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