



State of Missouri
Missouri Commission for the Deaf and Hard of Hearing
3216 Emerald Lane, Suite B, Jefferson City, MO 65109
(573) 526 – 5205



REQUEST FOR APPROVAL OF CONTINUING EDUCATION PROGRAM

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.

Program Provider (*Institution, Organization or Person*):

Contact Person for Registration:

Telephone Number:

Address:

City:

State:

Zip Code:

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: _____

Methods of Delivery/Materials used (*Mark all that apply*):

- ☐ Hands-On Experience
- ☐ Handouts (Please attach)
- ☐ Audiocassette
- ☐ Video or DVD
- ☐ Journal Articles
- ☐ Online

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: <input type="checkbox"/> Introductory <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced					
The Target Audience is:					
Program Location (<i>Name, Address, City, State, Zip Code</i>):					
Date(s) of Program:		Start and Ending Time of Program:			Total Hours:
Applicant Signature:					Date:
INSTRUCTIONS:					
This form is to be submitted <u>thirty (30) days prior to the initiation of the program</u> 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 Board for Certification of Interpreters (BCI) before approval is granted.					
Return the completed form to the following address:					
MCDHH, Attn: MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.					
FOR OFFICE USE ONLY:					
Date Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Amount of CEUs:	Resume Include:	Approved By:	Date Notified & Initials: