Continuing Education Activity Plan
Sponsor Form

Note:
This activity form must be submitted to the RID National Office at least 30 days prior to the start of the activity.
The Activity Plan Instructor's form must also be attached.

Name of Approved Sponsor: DLEG-DODHH-Joy Thomassen & College/Agency

Activity Number: 0071.___ ___ ___ ___.___ ___ _____ _____
Sponsor Code . Month / Year .Ascending within month; Internal code (optional) Subject code

Activity Title: _____A Workshop about Transliterating_____

Location of Activity: _____1234 Hwy 56, Suite #789_____ (City) _____That City____ (State) __MI____

Instructor(s) Name(s) ____Jane Doe_____

Contact Person (s) ___Jacki Doe_____ Contact Phone(s) _____987-654-3210_____

Email _____jackisemail@email.com_____ Website _____www.jackieswebsite.com_____

Who is the target audience? _Interpreters with Michigan Quality Assurance and national certification levels_

Activity Start Date: _____Jan. 1, 2010_____ Activity Completion Date: __Jan. 1, 2010_____

Start time for Activity: _____9am____am/pm?
2nd Day Start time for Activity: _____am/pm?
3rd Day Start time for Activity: _____am/pm?

Ending time for Activity: _____4pm_____am/pm?
2nd Day Ending time for Activity: _____am/pm?
3rd Day Ending time for Activity: _____am/pm?

Total Number of Continuing Education Credits (CEUs) to be awarded to each participant: __0.6_____

Content Area: (circle one):	Content Level: (refers to participants knowledge)	Participating Programs: (circle one):
Professional Studies (PS)	Little / none	CMP only
General Studies (GS)	Some	ACET only
	Extensive	CMP & ACET BOTH
	Teaching	

As the RID Approved Sponsor for this RID activity, I certify that the above information is accurate and will be submitted to the RID National Office at least 30 days prior to the start of the activity.

Signature of RID Approved Sponsor Administrator _____
Date _____

3/25/2005 revision