



MI BEI REQUEST FOR SPONSORSHIP FORM
SIGN LANGUAGE INTERPRETER
CERTIFICATION PROGRAM

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FOR OFFICE USE ONLY!

Deaf Persons' Interpreters Act
1982 PA 204 as amended 2007

Department of Energy, Labor & Economic Growth
Michigan Commission on Disability Concerns
Division on Deaf and Hard of Hearing

INSTRUCTIONS:

- Please type or print answers for the MI BEI "Request for Sponsorship" form and submit to the DODHH Interpreter Coordinator two weeks prior to the event.
- Keep a copy of your completed "Request for Sponsorship" form.

NAME (Last, First, Middle Initial):

ORGANIZATION NAME:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

DESCRIPTION OF EVENT:

Who are the participants being invited?

What is the name of the event?

Where will the workshop be held?

Who are the presenter(s)?

What is the purpose of the workshop?

Is this training already approved for RID CEU's?

What are the dates and times of the activity? Please also indicate how much time will be allocated for lunches and breaks.

List Date Below	First Session	Break Time	Second Session	Lunch Time	Third Session	Break Time	Fourth Session
Day 1:							
Day 2:							
Day 3:							

Please circle the appropriate response to the two questions, below, regarding the event.

Has accommodation language and a cancellation policy been added to the flyer? YES/NO

What type of MI BEI units are being requested? (Professional or General Studies) PS/GS

Confirmation of the receipt of your request and approval for MI BEI unit sponsorship will be granted in writing.

You will be asked to add our sponsorship statement "MI DELEG-DODHH has approved MI BEI unit sponsorship for this education (activity/ workshop/class/ training) with (agency's name) for (#) (professional studies /general studies) MI BEI units. Partial MI BEI units (will/will not) be awarded for this event and participants will receive a (certificate of attendance/signed agenda) as documentation" to any advertisement.

Signature of Organizer or Applicant: _____ **Date:** _____

10/23/2009