# MICHIGAN DEPARTMENT OF

DODDBHH Office use ONLY

Date Received:

Approval date:

Not Approved date:

# DIVISION ON DEAF, DEAFBLIND, AND HARD OF HEARING

### SPONSORSHIP REQUEST FORM BEI/EIPA CONTINUING EDUCATION UNITS Deaf Persons' Interpreter Act 1982 PA 204 amended 2007

## INSTRUCTIONS

<ul> <li>(CEUs) Guidelines located in the DODDBHH sponsorship request</li> <li>Requests for DODDBHH continu business days before the even</li> <li>Please submit separate sponsors a Friday through Sunday event se</li> <li>All events seeking DODDBHH co advance of public advertisement</li> <li>Form must be filled out complete required information and docume</li> <li>DODDBHH review and approval any event, workshop or activity b CEUs but submission of public language will be included. Com</li> <li>Failure to comply with requireme</li> </ul>	For Interpreters section at criteria before submission. ing education event sponse t. ship forms for each calenda ries. of DODDBHH sponsorship ly, including a handwritter ents attached. Original docu is required for all sponsors efore review and approval. c event advertisement is a tact us at 877-499-6232 w nts may result in CEU spon or non-approval of sponsor questor. rrespondence and accomp onsorship Request by emai	www.michigan.gov See approved type orships must be red ar event request dat rship must submit a b language. a signature from the uments will not be re- hip requests. DODE All Pre-approved la required for DODD ith questions. Insorship suspension rship requests will of anying documents.	ceived at DODDBHH a minimum of 15 e unless requesting a continuation series, e.g., and receive DODDBHH approval in e requestor. Type or print legibly with all eturned. DBHH sponsorship CEUs will not be granted for <b>RID CEU events are approved for DODDBHH</b> <b>BHH review if DODDBHH sponsorship</b> n for a limited time period. occur via email unless otherwise agreed upon
Requestor Name: (First) (Last)			
Sponsor/Host/Organization Nan	ne		
Email Address		Phone Number	
Name of Event	Date(s) of Event	# of CEUs requested:	Type of DODDBHH CEUs Requested (check one) Professional General
Attach to Spancarchin Paguast Fa	m. (Chaokliot)		

### Attach to Sponsorship Request Form: (Checklist)

<ul> <li>Copy of draft event public advertisement document (must include information and DODDBHH draft event sponsorship language (se</li> <li>Copy of event registration draft document</li> <li>Copy of detailed agenda timeline draft document – include breaks</li> <li>Copy of presenter bios document</li> </ul>	e below for language)
I agree to include DODDBHH Sponsorship Language on all adver	1 0
<b>DODDBHH Draft Sponsorship Language:</b> MDCR-DODDBHH has event to award ( <i>insert</i> # of CEUs) ( <i>select</i> professional studies <b>or</b> gene Partial MI BEI /EIPA units will not be awarded. Participants will, upon certificate of attendance <b>or</b> a signed letter of attendance) as proof of	eral studies) Continuing Education Units. n completion, be provided a ( <i>select</i>

Continuing Education Units are intended to further professional development. Interpreters are required to verify CEUs to ensure that their professional skills are maintained or improved. Professional studies CEUs are awarded for education directly related to interpreting and the interpreting professional, and general studies CEUs are given for education that is not directly related to the interpreting profession, but nonetheless will result in the increase of an interpreter's professional knowledge and/or skills that help develop the interpreter. Use the space below to briefly describe how this program qualifies for CEUs.

This program will aid an interpreter's professional development by increasing the interpreter's knowledge and/or skills in the

following ways/areas which are relevant to the professional practice of interpreting: \_\_\_\_\_

RID CEU Information				
Are you also requesting RID CEUs through a RID CE				
If YES – RID Approved Activity Number(s):				
DODDBHH reserves the right to decline sponsorship for any event that represents a conflict of interest or is not in the best interest of the Division or Department.				
equestor's Signature:	Date:			
OODDBHH Office use only:				
Staff initials:				
Staff review date(s):				
lotes:				