



OREGON JUDICIAL DEPARTMENT  
Court Language Access Services

**This form must be completed in its entirety (both pages), and submitted 30 days prior to the beginning of the activity. Court Language Access Services will not approve activities retroactively.**

**CONTINUING EDUCATION APPROVAL REQUEST FORM**

Requesting Interpreter Information		
Name:		
Address:		
Phone:		
Email:		
Event Sponsor and Contact Information		
Sponsor Name:		
Contact Person:	Contact Email:	
Phone:	Fax:	
Event Information and Description		
Event Name/Title:		
Date(s):	Time:	
Presenter/Instructor:	Title:	
(for conference or multi-day events, please list the names and titles of presenters for each event on a separate sheet and attach)		
Brief description of content:		
Anticipated Learning Outcomes:		
Registration Fee:		
Web site address promoting the event:		
Continuing Education Units Requested (Indicate how many)		
General:	Language Specific:	Ethics:



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If Requesting Credit for an Academic Course		
Name of Institution:		
Course Title:		
Instructor Name:	Instructor Title:	
Class Schedule (days and times):		
If you are teaching this course, please provide the total number of instruction hours:		
Topics Covered (please attach outline or syllabus describing work requirements for the successful completion of the course or seminar):		
Academic Credits:	Registration Fee:	
Continuing Education Units Requested (Indicate how many)		
General:	Language Specific:	Ethics:
Verification		
I certify that the information provided is complete and correct to the best of my knowledge. I will provide satisfactory verification of attendance and completion for all activities and events for which I am requesting continuing education units herein at the completion of each event or activity to Court Language Access Services.		
Interpreter Name (print):	Date:	
Interpreter Signature:		
Attachments		
<input type="checkbox"/> Copy of promotional materials advertising the event (required)		
<input type="checkbox"/> List of workshops and presenters (for workshops and multi day events) (required)		
<input type="checkbox"/> Verification of registration in event/activity/workshop (optional)		
<input type="checkbox"/> Additional supporting information (optional)		
Submission		
Please submit this form and all applicable supporting information to the Oregon Judicial Department a minimum of thirty (30) days prior to the event using one of the following methods:		
Mail: Oregon Judicial Department/Court Language Access Services 541 NE 20 <sup>th</sup> Ave, Suite #107 Portland, OR 97232		
Fax: (503) 961-7636	Email: Court.Interpreter.Program@ojd.state.or.us	

For OJD Use Only	
Approved for :	
Approved by:	Date: