



OREGON JUDICIAL DEPARTMENT
Court Language Access Services
SELF STUDY APPROVAL REQUEST FORM

Please submit this form and all applicable supporting information to the Certification and Training Department a minimum of thirty (30) days prior to the start of the activity using one of the following methods:

Mail: Oregon Judicial Department, Court Language Access Services, 541 NE 20th Ave. #107, Portland, OR 97232

Fax: (503) 731-3442 Email: Court.Interpreter.Program@ojd.state.or.us

<i>Requesting Interpreter Information</i>
Name:
Address:
Phone:
Email:
Self Study Activity Information
Description of Activity:
Start Date: Anticipated Completion Date:

****In a separate document, please answer the following questions:***

1. How is this activity relevant to court interpreting, the work of the courts, or the judicial branch?
2. Out of the following criteria, which two are met by the self study activity? How will those two criteria be met?
 - a. The learning environment is educationally sound and conducive to learning the subject matter;
 - b. The individual receives or has access to all the reference tools and other materials and resources;
 - c. The individual has an opportunity to practice using or applying the new information or skill;;
 - d. The individual has the opportunity to interact with knowledgeable faculty or other experts to pose questions or clarify understanding or
 - e. An assessment toll or activity enables the participant to determine whether the skills, abilities, or knowledge gained through the education can be used in the future.



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3. Why do you want to do this activity?
4. What are your specific goals?
5. How will you accomplish these goals?
6. How can you show what you have learned?

Number of Continuing Education Credits Requested:	
Type of Credits Requested (circle one): General Language Specific Ethics	
Verification and Submission	
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 of all activities and events for which I am requesting continuing education credit herein at the completion of each event or activity to the program manager.	
Interpreter Name (please print)	Date
Interpreter Signature	

Approved for:	
Approved By:	Date