Educational Interpreter Authorization: Renewal Credit for Continuing Education

Applicant: Print this page and upload this completed and signed form into your application prior to submission to CDE. Do not mail hardcopies to CDE, it must be uploaded into your application. Provide information that is **no older than 5 years old** for all professional renewal activities including the:

Date of completion

Activity Provider (Sponsor) Contact Hours (Hours are the amount of hours spent in an educational activity. 15 Contact hours = 1 semester hour of renewal credit.)																					
To be Completed											by the Applicant							Required Field by Applicant			
Last Name*				I	First Nan	ne*							Middle Nan	ne			Da	te of Birth*			7
Social Security Number* (last 4)	X	X	_ x	X	_					Email A	ddress*										٦
Date of Completion	Tit	le of C	Continuir f worksh	ng Educ	ation	Activ	vity (n se)	name			Α	Activi	ity Pro،	/ider (Sponso	or)		Hours (Co	ontact	or semester	
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By signing below, I am at report, I will also include case of an audit by CDE. revocation or annulment.	all backu _l I understa	p docum	nentation i	nto my a	pplicati	ion upl	load. Ιι	unders	stand th	at I will k	eep all b	backup	o documer	ntation s	ummariz	ed on thi	is repo	rt for a minir	num of	two years in	
Applicant's Signature										Dat	e										

http://www.cde.state.co.us/cdeprof