



**Court Interpreter
Continuing Education Compliance Form**

Interpreters should submit only one compliance form for each compliance period.

Compliance activities must be completed prior to end of the period, January 31, 2020. Compliance Forms must be received by the Office of Language Access prior to February 28, 2020.

Supporting documentation must be submitted with this form, and kept in the interpreter's records for a period of three (3) years.

Please type or print legibly in ink. Incomplete forms will be returned.

THE CURRENT COMPLIANCE PERIOD IS FROM: February 1, 2018 - January 31, 2020

Interpreter's Information			
Last Name	First Name		
Street Address	City	State	Zip
Email Address	Primary Phone	Secondary Phone	
Language Combination(s)	Certified/Credentialed Language Combination(s)		

List your continuing education activities for the current compliance period. You must complete a total of twenty-four (24) hours of continuing education, two (2) of which must be ethics, as well as forty-eight (48) hours of professional legal interpretation practice.

Overall Requirements

I complied with CJD 05-05 by completing:

- two (2) hours of continuing education credits in ethics;
- twenty-four (24) hours of approved continuing education credits; and
- forty-eight (48) hours of professional legal interpretation practice;

I, _____, understand that failure to meet these requirements during each compliance period will affect my certification or roster status.

I. Ethics Requirement

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

II. Continuing Education Activities

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

Indicate Carry-Over Hours Below

Activity (Title)	CEAA#	Date(s)
Provider (Name)		Credits

		Total Credits
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Extra copies of this page may be submitted if additional entries are required.

Please total the credits on the last page you submit to include all hours completed.

Shift Assignment Verification

As District Administrator (or designee) Managing Interpreter Supervisor, I affirm that _____ has completed the minimum requirement of forty-eight (48) hours of professional interpretation practice in the _____. Independent Contractors must provide the District Administrator or Managing Interpreter the necessary invoice(s) marked as "CE Supporting Documentation" which the interpreter must maintain with their records. Staff Interpreters are not required to provide supporting documentation for the professional experience requirement.

Name of District Administrator or Managing Interpreter or Supervisor	Corresponding Location
Signature	<input type="checkbox"/> Number of interpreting hours documented on the invoices marked as "CE Supporting Documentation" _____ <input type="checkbox"/> As staff, the interpreter is not required to present supporting documentation

Interpreter Declaration

I declare under penalty of perjury under the laws of the State of Colorado that the information provided above is true and correct.

Interpreter's Signature (electronic signature accepted) _____
Date _____

Please submit this form to the Office of Language Access prior to **February 28, 2020**, using **one** of the following methods:

Mail: Office of Language Access, 1300 Broadway, Suite 1200, Denver, CO 80203

E-mail: beth.angel@judicial.state.co.us