 Office of Language Access

Court Interpreter Continuing Education Compliance Form

Interpreters should submit only one compliance form with supporting documentation for each compliance period.

Compliance activities must be completed prior to end of the period, **January 31, 2024**. Compliance Forms must be received by the Office of Language Access prior to **February 28, 2024.**

**Course certificates must be submitted with this form**.

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

**THE CURRENT COMPLIANCE PERIOD IS FROM: February 1, 2022 - January 31, 2024**

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| ***Interpreter’s Information*** | | | |
| *Last Name*  Click or tap here to enter text. | *First Name*  Click or tap here to enter text. | | |
| *Street Address*  Click or tap here to enter text. | *City*  Click or tap here to enter text. | *State*  Click or tap here to enter text. | *Zip*  Click or tap here to enter text. |
| *Email Address*  Click or tap here to enter text. | *Primary Phone*  Click or tap here to enter text. | *Secondary Phone*  Click or tap here to enter text. | |
| *Language Combination(s)*  Click or tap here to enter text. | *Certified Language Combination(s)*  Click or tap here to enter text. | | |

# List activities

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.

# I. Ethics Requirement

I complied with my OLA-approved ethics requirement on (date) Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a total of Click or tap here to enter text.\_\_\_\_\_\_\_ credits.

Course name: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that failure to meet my ethics requirement during each compliance period will affect my status of good standing and place on the interpreter roster.

# II. Continuing Education Activities

Please arrange activities in chronological order starting from oldest to most recent and attach the corresponding certificates in the same sequence.

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| *Activity (Title)*  Click or tap here to enter text. | *CEAA#*  Click or tap here to enter text. | *Date(s)*  Click or tap here to enter text. |
| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Activity (Title)*  Click or tap here to enter text. | *CEAA#*  Click or tap here to enter text. | *Date(s)*  Click or tap here to enter text. |
| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

# Indicate Carry-Over Hours Below

|  |
| --- |
| **Attach Letter from Previous Compliance Period to End of Compliance Form** |

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| --- | --- | --- |
| *Activity (Title)*  Click or tap here to enter text. | *CEAA#*  Click or tap here to enter text. | *Date(s)*  Click or tap here to enter text. |
| *Provider (Name)*  Click or tap here to enter text. | | *Credits*  Click or tap here to enter text. |

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| **TOTAL CREDITS:** | Click or tap here to enter text. |

# III. PROFESSIONAL EXPERIENCE

Please provide documentation of the 48 hours of professional legal interpretation that you have participated in during the current compliance period (“professional legal interpretation is a law-related interpreting duty for a specific case, performed on a specific date”).

**Independent Contractor**

Please attach the following documentation AND provide contact information from the organization(s) for verification:

* Invoice(s) of legal interpretation hours (hours of interpretation service should be included)

**Staff or Managing Interpreter**

**I affirm that I have completed the minimum requirement of forty-eight (48) hours of professional interpretation practice in the** Click or tap here to enter text. **Judicial District between the following dates** Click or tap here to enter text. **and** Click or tap here to enter text.

# 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: ­­­­­­**Click or tap here to enter text.



**Date:** Click or tap here to enter text.

Please submit this form to the Office of Language Access prior to **February 28, 2024,** at [ContinuingED@judicial.state.co.us](mailto:ContinuingED@judicial.state.co.us)