



STATE OF MISSOURI  
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
**Request for Approval of Continuing Education Program**

3216 Emerald Lane, Suite B  
 Jefferson City, MO 65109  
 (573) 526-5205 (V/TTY)

**PURPOSE OF FORM:** This form is to be used when a provider of continuing education desires approval of a program by the Board of Certification of Interpreters for participants to be provided continuing education hours to satisfy Missouri Interpreter Certification System (MICS) CEU requirements.

**INSTRUCTIONS:** This form is to be submitted thirty (30) days prior to the initiation of the program for which CEUs are desired. COMPLETE THIS FORM CAREFULLY. All information must be complete, and the program must comply with all rules and regulations of the BCI before approval is granted.

PROGRAM PROVIDER (INSTITUTION, ORGANIZATION OR PERSON)

CONTACT PERSON FOR REGISTRATION (NAME, ADDRESS, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
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PROGRAM TITLE

NAME OF INSTRUCTOR(S)

The instructor's resume must be included to show education, experience and expertise to provide this activity.  
 Are any instructor(s) applying for CEUs for time expended during this activity?  Yes  No    Are any instructor(s) in an ITP/IPP?  Yes  No

BRIEF DESCRIPTION OF THE PROGRAM (ATTACH ADDITIONAL PAGES IF NEEDED)

SPECIFIC PROGRAM OBJECTIVES/GOALS (ATTACH ADDITIONAL PAGES IF NEEDED)

TYPE OF PROGRAM (MARK ALL THAT APPLY) <input type="checkbox"/> LIVE LECTURE <input type="checkbox"/> WORKSHOP OR DISCUSSION GROUPS ONLY <input type="checkbox"/> LIVE LECTURE WITH OPEN DISCUSSION PERIOD <input type="checkbox"/> OTHER	METHOD OF DELIVERY/MATERIALS USED (MARK ALL THAT APPLY) <input type="checkbox"/> HANDS-ON EXPERIENCE <input type="checkbox"/> HANDOUTS (PLEASE ATTACH) <input type="checkbox"/> AUDIO-CASSETTE <input type="checkbox"/> OTHER <input type="checkbox"/> VIDEO OR DVD <input type="checkbox"/> JOURNAL ARTICLES
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EVALUATION METHODS (HOW WILL PARTICIPANTS BE EVALUATED TO ASSURE SATISFACTORY COMPLETION AND COMPREHENSION OF SUCH PROGRAM AND HOW THE PROGRAM AND INSTRUCTOR(S) WILL BE EVALUATED. PLEASE INCLUDE COPY OF EVALUATION FORMS)

THIS PROGRAM IS WITHIN THE CONTENT AREA OF:  
 CULTURE     SKILLS DEVELOPMENT     TRENDS/ISSUES IN THE INTERPRETING PROFESSION     SPECIALIZED SKILLS  
 INSTRUCTION     OTHER

THE INSTRUCTIONAL LEVEL OF THIS ACTIVITY IS:     INTRODUCTORY     BEGINNER     INTERMEDIATE     ADVANCED

THE TARGET AUDIENCE IS:

PROGRAM LOCATION (NAME, ADDRESS, CITY, STATE, ZIP CODE)

DATE(S) OF PROGRAM	START AND ENDING TIME OF PROGRAM	TOTAL HOURS
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SIGNATURE OF APPLICANT	DATE
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**FOR OFFICE USE ONLY**

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Amount of CEUs	Resume Include	Approved By	Date Notified and Initials
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