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of Hearing Community Since 1990.

Chicago Area Interpreter Referral Service (CAIRS) CMP SPONSOR PROGRAM

INDIVIDUAL NON-RID COURSE WORK APPLICATION

(Mod7/Effective July 2010)

As an official RID Certification Maintenance Program (CMP) sponsor, CAIRS is pleased provide programmatic support to sign language interpreters engaged in continuing professional education. If you desire to receive approval for CEU individual course work to maintain your RID membership, please complete and sign this form as a first step in the approval process. Once completed, please Fax to 312-895-4313 or scan/email to Amy Kisner, CMP Sponsor Program Coordinator, at cmpsponsor@cairs.net. The coordinator will then contact you to ensure efficient processing and approval. Please submit your application at least three weeks prior to the start of the scheduled course work, to ensure proper processing. In addition, at the time of application submission, please mail a check or money order to CAIRS in the amount of \$10.00 (CAIRS, 17 N State St., Suite 1650, Chicago, IL, 60602). Please make out the check or money order to "CAIRS CMP Sponsor Program." For more information about the CAIRS CMP Sponsor Program, please refer to www.cairs.net.

INFORMATION SECTION

***** Please Note That This Request Must Be Approved by CAIRS Prior to Course Work Participation *****

Participant Name: _____

Participant Contact Information: Email: _____ Phone number: _____

Address: _____

Activity/Event Name: _____ Activity/Event Topic: _____

(Please include all links to event web pages, flyers or other promotional information)

Description of Educational Benefit to interpreter: _____

Name of College or University: _____

Course Title and Link to Course Description or Catalog: _____

How will this course benefit you as an interpreter: _____

Number of Credit Hours: _____ Per Semester (OR) _____ Per Quarter

Course Start Date: _____ Course End Date: _____

Participant's CMP cycle end date: _____

Participant Signature: _____ Date: _____

AUTHORIZATION SECTION (OFFICIAL USE ONLY)

Individual Course Work Application Approved: YES NO Total CEU Hours Approved: _____

Reason for Disapproval: _____

CMP Sponsor Program Coordinator Signature: _____ Date: _____