



Entrusted to Serve the Deaf and Hard of Hearing Community Since 1990.

## Chicago Area Interpreter Referral Service (CAIRS) CMP SPONSOR PROGRAM

### PINRA APPLICATION Application for Participation in a Participant Initiated Non-RID Activity (PINRA) (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-workshop credits 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](mailto:cmpsponsor@cairs.net). The coordinator will then contact you to ensure efficient processing and approval. Please submit your PINRA Application at least three weeks prior to the scheduled workshop event, 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](http://www.cairs.net).

#### INFORMATION SECTION

\*\*\* Please Note That This Request Must Be Approved by CAIRS Prior to Activity/Event 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: \_\_\_\_\_

Host(s) of Activity/Event: \_\_\_\_\_

Date(s) and Time(s) of Activity/Event (Please exclude lunches or breaks when calculating hours):

Day 1: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Day 2: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Day 3: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Participant Signature: \_\_\_\_\_      Date: \_\_\_\_\_

#### AUTHORIZATION SECTION (OFFICIAL USE ONLY)

PINRA Application Approved:     YES     NO      Total CEU Hours Approved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

CMP Sponsor Program Coordinator Signature: \_\_\_\_\_      Date: \_\_\_\_\_