



Continuing Education Activity Plan Sponsor Form

It is recommended, but not required, that this activity be submitted ONLINE at myaccount.rid.org at least 30 days prior to the start of the activity. A copy of this form along with the Activity Plan Instructor's form must be kept on file for future auditing purposes.

Name of Approved Sponsor: ASL Interpreting Service, Inc.

Activity Number: 0 0 9 6 . _____ . _____
(Sponsor Code) . (Month/Year) . (Ascending within month)

Activity Title: _____

Location of Activity: _____ (City) _____ (State)

Instructor(s) Name(s): _____

Contact Person/People: _____ Contact Phone(s): _____

E-mail _____ Web site: _____

Who is the Target Audience: _____

Activity Start Date: _____ Activity Completion Date: _____

Start Time for Activity: _____ am/pm Ending Time for Activity: _____ am/pm

Total number of CEUs to be awarded to each participant: _____

Content Area:	Content Level:	Participating Programs:
<input type="checkbox"/> Professional Studies (PS)	<input type="checkbox"/> Little/none	<input type="checkbox"/> CMP only
<input type="checkbox"/> General Studies (GS)	<input type="checkbox"/> Some	<input type="checkbox"/> ACET only
	<input type="checkbox"/> Extensive	<input type="checkbox"/> CMP & ACET Both
	<input type="checkbox"/> Teaching	

As the RID Approved Sponsor for the RID activity, I certify that the above information is accurate and will be filed ONLINE with RID through myaccount.rid.org prior to the start of the activity.

RID Approved Sponsor Signature Administrator: _____

Date: _____