



## Independent Study Plan

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This Independent Study Activity Plan must be approved by a RID Approved Sponsor  
**PRIOR** to the onset of the activity.

Participant Name: \_\_\_\_\_ RID Member #: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

**1. What do I want to do?** *Describe the activity you are proposing.*

*(Ex: I would like to know more about the process of translation from a linguistic point of view. Several books on translation have been recommended. I would like to read them and apply them to my work.)*

**2. What are my specific goals?** *Keep your goals measurable, observable, tangible!*

*(Ex: "I will compare the problems and techniques of spoken language interpreters to those I have experienced.")*

**3. How will I show my sponsor what I learned?** *Describe your evaluation process. (Ex: I will write a 1-2 page report comparing spoken and signed translation work.)*

**4. How many CEUs am I proposing and why?** *Remember, in an educational setting, 10 contact hours = 1 CEU. Non-traditional activities should follow a different ratio, which is outlined in the Standards & Criteria. A maximum of 2.0 CEUs can be earned for each project. (Larger projects may be broken into components and each component filed as a separate independent study project earning up to 2.0 CEUs each.)*

5. **When will this proposed project start and end?** *Project must be completed within twelve months.*

6. **To which *content area* does this independent study apply?** Professional Studies or General Studies (*Circle one*)

I agree to implement the Independent Study Activity as outlined in this plan and to submit all the necessary documentation of successful completion to my Sponsor. I certify that this activity for CEU credit represents a valid and verifiable Continuing Education Experience that exceeds routine employment responsibilities.

**Participant's Signature**

**Date**

**Participant's Name (print)**

I will insure that this Independent Study Activity will be overseen and evaluated by individual(s) with the relevant expertise. I, or my designee, have discussed the Independent Study Activity outlined in this plan with the participant and agree that it represents a valid and verifiable Continuing Education Experience. Further, I or my designee, agree to assess the documentation submitted to me by the participant upon completion of the Independent Study Activity and award CEUs if completion is satisfactory.

**Sponsor's Administrator Signature**

**Date**

**Sponsor's Administrator Name (print)**



## Independent Study Activity Report

This activity report must be filed online with RID at [myaccount.rid.org](http://myaccount.rid.org) within 45 days of completion of the Independent Study Activity.

Participant Name (print): \_\_\_\_\_ RID Member #: \_\_\_\_\_

Participant Address \_\_\_\_\_

Activity Title:

To which content area does this activity apply? (circle) Professional Studies      General Studies

Activity Start Date: \_\_\_\_\_ Activity Completion Date: \_\_\_\_\_

Number of Continuing Education Credits (CEUs) awarded to CMP participant: \_\_\_\_\_ (maximum 2.0 CEUs)

RID Approved Sponsor Name: \_\_\_\_\_

RID Activity Number for this Independent Study Activity:

\_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_  
Sponsor Code    Month    Year    Ascending within month    Internal Code (optional)

**As the RID Approved Sponsor for this Independent Study, how did you determine that this activity was satisfactorily completed? (i.e. # hours spent on activity? Papers submitted to you?)**

**How did you calculate the number of CEUs awarded for this Independent Study?**

Signature of RID Approved Sponsor Administrator \_\_\_\_\_ Date \_\_\_\_\_