



**CONTINUING EDUCATION UNITS
for the INDIANA INTERPRETER CERTIFICATE**

State Form 50944 (7-02) / DHHS 00007

Mail to:
MS23
Deaf and Hard of Hearing Services
Indiana Family and Social Services Administration
Division of Disability, Aging, and Rehabilitative Services
P.O. Box 7083
Indianapolis, IN 46207-7083

Name of applicant (Last name, first name, M.I.)			IIC #
Address (number and street)			County
City and state			Zip code
Home phone number ()	Work phone number ()	FAX ()	E-mail address

CEU EVENT INFORMATION

Course Name: _____

Presenter(s): _____

Sponsor: _____

Instructional Level: Introductory Intermediate Advanced

City: _____ State: _____

CEU Credits: _____ Date(s): _____

Contact Person: _____

Telephone number: _____ E-Mail address: _____

Student's signature: _____ Date: _____

Sponsor's signature: _____ Date: _____

FOR EDUCATIONAL INTERPRETERS

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Deaf Culture and History | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Language Development and Acquisition in Children | <input type="checkbox"/> Manually Coded English |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Oral Transliteration |
| <input type="checkbox"/> Foundations in Interpreting Theory and Practice | <input type="checkbox"/> Cued Speech |
| <input type="checkbox"/> Code of Ethics for Educational Interpreters | <input type="checkbox"/> Signing Exact English (SEE-II) |
| <input type="checkbox"/> Principles and Practices of Special Education | |
| <input type="checkbox"/> Audiological Issues for Students and Adults | |

FOR OFFICIAL USE ONLY

Approved by	Date Approved	CEUs Awarded
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