

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING
P.O. BOX 1360
FRANKFORT, KY 40602
(502) 564-3296

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

1. _____
Name of Sponsoring Organization

2. _____
Street Address or PO Box

City State Zip Code County

3. _____
Area Code and Telephone Number (Days only)

4. _____
Name of Person Responsible Telephone Number

5. _____
Program Title # of Clock Hours Requested

6. _____
Program Site (Give complete address)

Program Date(s)

Please attach documentation of the following to this application:

Published course or seminar description;

Names and qualifications (Vitae/Resume) of the instructor(s);

Copy of the program indicating hours of education;

Coffee and lunch breaks; *PLEASE NOTE: One Continuing Education hour =60 MINUTES*

Official certificate or college transcript from the sponsoring agency or college if for an academic course.

7. Please describe in detail the method to be used for disseminating information about your seminar to regional and/or statewide administrators; i.e., direct mail, advertisements, newspapers, newsletters, etc.

8. Programs requiring Board review and approval in advance should be submitted at least forty-five (45) days prior to the beginning date of the program.

Applicant's Signature Date

(Do not write below this line – Board use only)

BOARD REVIEW

Approved Denied Board Member: _____ Date: _____

Comments: _____