

FILED: 2024

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| Commonwealth of Kentucky Board of Interpreters for the Deaf and Hard of Hearing P.O. Box 1360 Frankfort, KY 40602 Ph: 502-892-4252 Fax: 502-564-4818 KBI@ky.gov |  APPLICATION FOR CONTINUING EDUCATION UNIT PROGRAM APPROVAL | DPL-KBI- 008 Rev. April 2024 Page 1 of 2 KRS 309.314, 201 KAR 39:090 |
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NOTE: One continuing education unit hour = Sixty (60) Minutes

Please return the completed form to the address above at least sixty (60) days in advance of the commencement of the program. Per KRS Chapter 309 and the regulations governing this profession, you are required to submit the following:

- 1) Application for Continuing Education Unit Program Approval form.
- 2) Published course or seminar description containing educational objectives.
- 3) Names and qualifications (Vitae/Resume) of the instructor(s).
- 4) A copy of the program agenda indicating hours of instruction, coffee/lunch breaks.
- 5) Number of Continuing education unit hours offered.
- 6) Official certificate or college transcript from the sponsoring agency or college if for an academic course.

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| <u>Name of Sponsoring Organization</u> | | |
| <u>Address</u> | | |
| <u>Street or P.O. Box:</u> | | |
| <u>City:</u> | <u>State:</u> | <u>Zip:</u> |
| <u>County:</u> | | |
| <u>Phone Number</u> <small>(including area code)</small> | <u>Email</u> | <u>Name of Person Responsible</u> |

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|---|-------------------------------|
| <u>Program Title</u> | |
| <u>Program Site Address</u> | |
| <u>Street:</u> | |
| <u>City:</u> | <u>State:</u> |
| <u>Zip:</u> | <u>County:</u> |
| <u>Number of Clock Hours Requested</u> | <u>Program Date(s)</u> |

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1. Please describe in detail the method for disseminating information about your seminar to regional and/or statewide interpreters: i.e., direct mail, advertisements, newspapers, newsletters, etc.

Applicant's Signature

Date