



Participant Initiated Non-RID Activities (PINRA)

This form will be used if a CMP Participant plans to attend another organization's workshop, conference, formal in-service training or activity. The RID Approved Sponsor will determine if the activity is appropriate for CEUs.

Participant Name: _____ RID Member Number: _____

Participant Address: _____

Email: _____ Phone # _____

Activity / Conference Name: _____

Activity / Conference Theme or Focus (attach brochure/flyer) _____

Dates and Times of activities you will attend: _____

Total Number of CEUs to be awarded _____ Check Content Area: Professional Studies General Studies

Name and Code of RID Approved Sponsor Texas Society of Interpreters for the Deaf (TSID) 0027

Texas Society of Interpreters for the Deaf

I certify that this activity/conference represents a valid and verifiable Continuing Education Experience that exceeds routine employment responsibilities.

Participant Signature: _____ Date: _____

I certify that I received this activity plan prior to the start of the activity/conference and I agree to sponsor this Continuing Education Experience. I will verify successful completion prior to awarding CEUs.

RID Sponsor Administrator Name: _____ Date: _____

This section should be filled out and signed upon completion of the activity/conference:

Activity Code Number: _____ CEUs Awarded: _____

I have verified that the Participant attended this activity/conference and that the activities listed are appropriate educational experiences which should be awarded the number of CEUs denoted above.

RID Sponsor Administrator Signature: _____ Date: _____

The Participant must send documentation of attendance to the Sponsor upon completion of the activity. The Sponsor must complete and mail this form to the national office within 45 days of the completion of the activity/conference.

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