



Office of Deaf and Hard of Hearing Services (DHHS)  
**Request for Approval of Proposed Training  
for General and Court Interpreters Continuing Education Units (CEUs)**

[Statutory Authority: Texas Human Resources Code, Section 81.006(a)-(b)]  
The Office of Deaf and Hard of Hearing Services must receive this form 30 calendar days before the date of the training (for example, course, workshop, or seminar). The presenter or sponsor must complete the form for each proposed training event each time the training is presented.

**Training Information**

Title of training:		Date(s) of training:			
	Day one	Day two	Day three	Other day(s) if applicable	
Starting time					
Ending time					
Lunch break	hr. min.	hr. min.	hr. min.	hr. min.	
Working lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of training site:			City:		
Organization or sponsor:					
Submitted by:					
Email address:		Telephone number:		<input type="checkbox"/> TTY	<input type="checkbox"/> Voice <input type="checkbox"/> Fax
Mailing address:			City:	State:	ZIP code:
Name of presenter(s):					
Method of instruction: <input type="checkbox"/> Workshop <input type="checkbox"/> Lecture or seminar <input type="checkbox"/> Self-study or video study					
Category of instruction: <input type="checkbox"/> Professional studies <input type="checkbox"/> General studies					
Select type of provider:			Types of interpreting skills targeted:		
<input type="checkbox"/> Employee training			<input type="checkbox"/> ASL		
<input type="checkbox"/> College or university			<input type="checkbox"/> SEE		
<input type="checkbox"/> Professional association			<input type="checkbox"/> Intermediary		
<input type="checkbox"/> School			<input type="checkbox"/> Oral interpreting		
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Sign to Voice or Voice to Sign		
			<input type="checkbox"/> Other (specify):		
Level of certification targeted:					

### Required Attachments for General and Court Interpreter Training

Attach a copy of the

- course outline,
- course narrative,
- course handouts,
- presenter's résumé showing education and interpreting experience,
- course description and study schedule (for self-study or video study), and
- conference agenda (if applicable).

### Requirements for Court Interpreter Trainer

If you are requesting approval of training for **court** interpreters, please provide a copy of the presenter's court interpreter certificate, lawyer's license, or paralegal's license.

This application will be reviewed to ensure that it meets the court interpreter certification training criteria found at Court Interpreter and Court Interpreter Mentor Training Course Options.

### Person(s) (Representatives) Authorized to Sign Certificates of Attendance

Signature:	Printed name:
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### For HHS-DRS-DHHS Use Only

<input type="checkbox"/> Approval granted:	Court CEU number:	Credit units:
<input type="checkbox"/> Approval pending: reason:		
<input type="checkbox"/> Approval denied: reason:		
<input type="checkbox"/> Database entry	Contacted by:	<input type="checkbox"/> Letter sent
Approved by:	Date:	

Return this form and attachments to  
**Office for Deaf and Hard of Hearing Services**  
**Attention: CEU Program**  
 4900 North Lamar, Suite 2169, Austin, Texas 78751  
 P.O. Box 12904, Austin, Texas 78711  
 (512) 407-3250 Voice  
 (512) 407-3299 Fax