



# CONTINUING EDUCATION UNITS FOR THE INDIANA INTERPRETER CERTIFICATE

State Form 50944 (R / 5-06) / DHHS 0007

Mail to:  
 MS23  
**Deaf and Hard of Hearing Services**  
 Indiana Family and Social Services Administration  
 Division of Disability 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

Category 1	Category 2
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Deaf Culture and History
<input type="checkbox"/> Manually Coded English	<input type="checkbox"/> Language Development and Acquisition in Children
<input type="checkbox"/> Oral Transliteration	<input type="checkbox"/> Child Development
<input type="checkbox"/> Cued Speech	<input type="checkbox"/> Foundations in Interpreting Theory and Practice
<input type="checkbox"/> Signing Exact English (SEE-II)	<input type="checkbox"/> Code of Ethics for Educational Interpreters
	<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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