Application for Approval of
Interpreter and Translator Continuing Education Activity

Washington State
Department of Social
& Health Services
Transforming lives

Please read the CE activity approval guidelines linked on the LTC CE Activity Providers prior to completing this form. Submit the completed form and supporting documents* to DSHSCT@dshs.wa.gov. Approved activities are valid for **three years** from approval date.

1.   NAME OF PROVIDER (INDIVIDUAL OR ORGANIZATION)
CITY   STATE
TELEPHONE NUMBER (INCLUDE AREA CODE)   EMAIL ADDRESS

2.   ACTIVITY TITLE

3.   ACTIVITY DESCRIPTION

   * Attach detailed course description, including learning objectives, topics to be covered, plans for breaks, methods to ensure attendance and engagement, methods to assess learning achievement, etc.

4.   NAME OF INSTRUCTOR(S)

5.   AMENDMENT TO CURRENTLY APPROVED, ACTIVE COURSE

If provider is requesting only an amended or additional date, venue / location, or provider for a currently approved, and active activity:

a.   Provide the approval number: _____

b.   Skip Sections 6, 7, and 9.

c.   No supporting documents are required.

6.   INSTRUCTOR QUALIFICATIONS (CHECK ALL THAT APPLY)

☐ Bachelor's Degree

☐ Five (5) years of experience working as an interpreter or translator

☐ Five (5) years of experience working as professional working in the subject domain

☐ Two (2) years of experience teaching or delivering training

   * Attach instructor's resume.

If this course addresses specific technical topics that requires domain expertise (e.g., medical knowledge of cardiology) and the instructor does not possess this expertise, a subject matter expert (SME) must review the training material.

Was the material reviewed by a SME? ☐ Yes   ☐ No   ☐ N/A

If yes, provide name and email of the SME who reviewed it:

Name: _____

Email: _____

   * Attach a letter or email from SME as confirmation of review.

Comments:

7.   ETHICS INSTRUCTION

If ethics instruction is included, does it conform to WAC 388-03-050? ☐ Yes   ☐ No

If no, the course will not be approved for ethics credit.

8. ACTIVITY OR COURSE DETAILS

Will this activity be an on-going online offering? ☐ Yes ☐ No

If yes, list total course hours: _____

Will this activity occur on specific dates? ☐ Yes ☐ No

If specific dates are planned, please list all planned instances below:

DATE(S)   TIME(S)

LOCATION OR VENUE NAME

☐ On-line (give web link): _____

☐ On-site (give address): _____

* For online courses, include documentation describing online platform, methods for ensuring attendance and engagement, plans for period breaks in the training, and methods for assessing or evaluating learning.

9. NUMBER OF ACTIVITY CREDITS. ONLY ONE ETHICS CREDIT WILL BE APPROVED PER ACTIVITY.

General Topics Credits: _____   Ethics Topics Credits: _____   Total Credits: _____

10. I, _____, representing the above-named continuing education activity or
PRINTED NAME HERE

course provider named herein, do hereby certify that the activity provider has been granted permission by the author(s) of all materials presented in this activity to use such materials, and that no violation of copyright will occur in the dissemination of materials for this activity.

SIGNATURE   DATE