LANGUAGE TESTING AND CERTIFICATION (LTC)

Application for Approval of Interpreter Continuing Education Activity

This application must be completed by the person requesting approval for Continuing Education Credits. Once completed and signed, please submit the application with related documents by mail, or e-mail to: DSHS / LTC, PO BOX 45820, OLYMPIA WA 98504-5820; or E-mail: DSHSCT@dshs.wa.gov.

1. NAME OF REQUESTOR | NAME OF ORGANIZATION

ADDRESS

TELEPHONE NUMBER (INCLUDE AREA CODE) | EMAIL ADDRESS

2. CONTINUING EDUCATION ACTIVITY PROVIDER

☐ Individual ☐ Professional Organization ☐ Non-Profit Organization
☐ Corporation ☐ Government Agency ☐ Other (specify):
☐ Partnership ☐ Educational Institution

3. a. ☐ Activity or Course Title(s):
b. ☐ Check this box if this is a reapplication for a previously approved activity and no changes have been made to this activity.
Enter previous approval number here: .
If this box is checked and approval number is supplied, you may skip numbers 4, 5, 6, 8, and 9 on this form.

4. NAME AND PROFESSION OF INSTRUCTOR(S) (ATTACH RESUME OR SHORT BIO FOR EACH SHOWING RELEVANT EXPERIENCE)

5. GENERAL TOPIC(S) TO BE COVERED IN ACTIVITY OR COURSE (ATTACH OUTLINE, SYLLABUS, OR LEARNING OBJECTIVES INDICATING THE AMOUNT OF TIME TO BE SPENT ON EACH TOPIC)

6. TO GARNER DSHS / LTC APPROVAL, ETHICS INSTRUCTION NEEDS TO CONFORM TO WAC 388-03-050. IF NON-DSHS CODES ARE TAUGHT WITH WAC, PLEASE DISCRIBE HOW THE INSTRUCTOR IS GOING TO MAKE SURE PARTICIPANTS UNDERSTAND ANY POSSIBLE CONFLICTS BETWEEN/AMONG THE DIFFERENT CODES AND THE IMPLICATION OF NOT ADHERING TO WAC 388-03-050.

7. ACTIVITY OR COURSE DETAILS

DATE(S) TIME(S)

VENUE NAME AND ADDRESS

☐ On-line (give web link): _____

☐ On-site (give address): _____

Requestors must reapply for approval of any reoccurring activities annually.

8. NUMBER OF ACTIVITY OR COURSE HOURS (DO NOT INCLUDE LUNCH BREAKS). ONLY ONE CREDIT WILL BE AWARDED AS ETHICS CREDIT. ANY REMAINING ETHICS CREDITS WILL ROLL OVER TO GENERAL CREDITS.

General Topics Hours: Ethics Topics Hours: Total Hours:

9. COURSE MATERIALS TO BE PROVIDED OR REQUIRED (TEXTBOOKS, VIDEOS, AUDIOVISUAL EQUIPMENT, ETC.)

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 continuing education activity to copy such materials, and that no violation of copyright will occur in the dissemination of materials for this continuing education activity.

SIGNATURE DATE

TO BE COMPLETED BY PROFESSIONAL DEVELOPMENT COMMITTEE ONLY

☐ **Approved**

☐ **Not approved; reasons:**