

Supreme Court of Nevada  
ADMINISTRATIVE OFFICE OF THE COURTS



Certified Court Interpreters' Program  
**CONTINUING EDUCATION (CEU) APPROVAL FORM**

**Fee Schedule:**  
**\$40 per each course/educational activity segment**  
**\$240 maximum per calendar year.**  
**Fees are non-refundable.**

**Definitions:**

**Contact hour:** 50 to 55 minutes of instruction equals one credit. Twenty-five (25) minutes of instruction would equal one half (0.5) of a credit. The maximum of seven (7) hours per day will be approved for obtaining continuing education credits. Course instruction will receive credits for actual presentation or instruction time (credits will not be approved for breaks, etc.). Provider will be required to provide proof of attendance to the AOC Certified Court Interpreter Program.

**Continuing Education (CE):** activities such as, workshops and courses that the interpreter attends after successfully obtaining court interpreter credential.

**Fee:** \$40 for each course/educational activity segment, with a maximum of \$240 per calendar year. Fees may be paid all at once or with each submittal. Each application must be renewed yearly. Fees are non-refundable.

**Provider:** a person, school, or entity that is preparing and/or presenting an educational class, workshop, or seminar.

**Segment:** educational activity on one subject matter that is presented continuously for up to 4 hours.

Please send this form, supporting documentation and a corresponding payment (personal/business check or money order issued to the Administrative Office of the Courts) to the following address:

**Administrative Office of the Courts  
Attn. Accounting Unit  
201 South Carson Street, Suite 250  
Carson City, NV 89701**

**SECTION I – PROVIDER'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Length of training: \_\_\_\_\_ Number of CEUs applied for: \_\_\_\_\_

Certified Court Interpreters' Program  
**CONTINUING EDUCATION (CEU) APPROVAL FORM CONT.**

**SECTION II – INSTRUCTOR'S INFORMATION**

Instructor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECTION III – SYNOPSIS**

Please note you must attach the following:

- **Instructor or instructors current curriculum vitae**
- **Sample materials to be used**

1. Course/Workshop Name:

\_\_\_\_\_

2. Provide a detailed description of the course or an outline of the course. You may attach additional pages if necessary.

**SECTION IV – AFFIDAVIT**

I, \_\_\_\_\_, hereby declare

under penalty of perjury under the laws of the State of Nevada that the information provided above is true and correct.

On behalf of: \_\_\_\_\_

Provider Name

\_\_\_\_\_

Signature

Date