

**Alabama Licensure Board of Interpreters and Transliterators (ALBIT)
Continuing Education Unit Independent Study Application Form**

Applicant: _____

Date(s): _____ Location: _____

Responsible Person (Supervisor/Mentor) _____

Total CEU Applied: _____
(Independent Study hours may not exceed 1.5 per cycle)

Activity Title: _____

Choose one:

Workshop/Presentation/Hands-on-Experience/Independent Study/In-service Training/Other

Provide in one sentence how this CEU will relate to the interpreting field:

Length of study anticipated: _____

Type of documentation for CEU verification: _____
(i.e. Certificate of Attendance)

We certify that the above information is accurate.

Signature of Applicant

Date

Signature of Responsible Person/Supervisor/Mentor

Date

FOR ALBIT USE ONLY:

Date received _____

Approved by: ALBIT CEU Committee: _____

Note: Any falsification on this form will invalidate the CEU request.