

Alabama Licensure Board of Interpreters and Transliterators (ALBIT)
Continuing Education Unit Sponsor Application Form

Sponsor Name: _____

Day One: Start time: _____ End time: _____
Day Two: Start time: _____ End time: _____
Day Three Start time: _____ End time: _____

Total CEUs applied: _____

1 CEUs = 10 Contact Hours

Per Cycle requirements:

2 CEUs = 20 Contact Hours

3 CEUs = 30 Contact Hours (for NAD Level I)

Activity Title: _____

Choose one:

- Interpreting Deaf Studies Deaf Culture Linguistic

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

Target audience: _____

(i.e. interpreters, teachers, vocational rehabilitation counselor, students, etc.)

Number of participants anticipated: _____

Type of documentation for CEU verification: _____

(i.e. Certificate of Attendance)

I certify that the above information is accurate. I also agree to be fully responsible ensuring that each participant received the documented number of hours.

Signature of Sponsor _____ Date _____

FOR ALBIT USE ONLY: Date received _____

Approved by: ALBIT CEU Committee: _____

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