

**Participant Initiated Non-RID Activity (PINRA)**

If an interpreter initiates participation in another organization’s workshop, conference, formal in-service training, or activity, the RID Approved Sponsor is encouraged to co-sponsor the activity so that the interpreter can earn RID CEUs.

Complete the participant request section and submit it to PARID (cmp@parid.org) at least **7 days prior** to the start of the activity/conference to be approved for CEUs.



**Participant Request Section**

**Participant Information**

| Name as it appears in RID |  |
| --- | --- |
| RID Member # |  |
| Email Address |  |
| Phone number |  |

**PARID CMP Processing Fee** Check the correct box

| **Complimentary Processing** |  |
| --- | --- |
| PARID Certified Member |  |
| PARID Associate Member |  |
| **PAID Processing** |
| Non-PARID Member |  | **$40 Fee per Activity** - Contact CMP@parid.org for info |

**Activity/Conference/Event**

| Activity/Conference Name |  |
| --- | --- |
| Theme or Focus of Conference/Activity *(Education, Interpreting, Legal, Linguistics, Medical, etc)* |  |
| Activity Description *Place here or attach to form* |  |
| Educational Objectives*Place here or attach to form* |  |
| Presenter(s) Bio(s)*Place here of attach to form* |  |
| Proof of Registration | Submit proof of registration for this activity with this form. |

| **Dates and Times You Will Attend** |
| --- |
| **Activity Date** | **Start Time** | **End Time** | **Total # of hours** excluding lunch andbreaks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**Participant Follow Up Section**

Participants must submit the following items to cmp@parid.org within 15 days of completing the activity.

* Completed Attendance Verification Form
* Agenda - if provided
* A copy of one page of a handout or screenshot
* Certificate of Completion



**CMP Coordinator Section**

PARID CMP Coordinator will complete this section ***prior*** to the activity/conference.

I certify that I received this activity plan prior to the start of the activity/conference and I agree to sponsor this Continuing Education Experience. I will verify successful completion prior to awarding CEUs.

**Signature of RID Sponsor Administrator**: **Date**:



PARID CMP Coordinator will complete this section ***after*** receiving the items listed in the Participant Follow Up section of this form.

| **Content Area** (select one) | **Specialty Content Area** (select all that apply) |
| --- | --- |
| General Studies (GS)Professional Studies (PS) | Legal Power Privilege and Oppression (PPO) |

| T**otal number of CEUs to be awarded to participant:** |   |
| --- | --- |

| **Name of Approved Sponsor** | Pennsylvania Registry of Interpreters for the Deaf (PARID) |
| --- | --- |
| **Activity Number** | 0045 |  |  |
| Sponsor Code | MM/YY | Ascending within month |
| **Workshop ID** |  |

| Participant submitted Attendance Verification: |  |
| --- | --- |
| Participant submitted Handout/Screenshot: |  |
| Participant submitted Agenda: |  |
| Participant submitted a Certificate of Completion: |  |

I verify that the participant attended this activity/conference and that the activities listed are appropriate educational experiences which should be awarded the number of CEUs denoted above.

**Signature of RID Sponsor Administrator**: **Date**:

PARID must file this form online with RID within 45 days of the completion of the activity/conference.