**RID Continuing Education Activity Plan**

Submit completed form and supporting documentation to cmp@parid.org at least 45 days prior to the activity start date.

**Presenter Section**

|  |
| --- |
| **Presenter’s Information:** |
|  | **Name** | **Email** | **Phone/Text** |
| Presenter 1 |  |  |  |
| Presenter 2 |  |  |  |
| Presenter 3 |  |  |  |

|  |  |
| --- | --- |
| **Activity Title**: |  |
| **Target Audience**: |  |

|  |
| --- |
| **Presenter Biography:** This bio will be posted on the activity’s promotional materials. |
|  |

|  |
| --- |
| **Activity Description**: This description will be posted on the activity’s promotional materials. |
|  |

|  |
| --- |
| **Educational Objectives**: These objectives will be posted on the activity’s promotional materials. |
| **Directions**: List specific, observable and measurable actions that the participants can do that will demonstrate comprehension and integration of the information presented. The objectives should be detailed, action-related items based on the materials presented. Use terms from Bloom’s Taxonomy of action verbs. Some examples of these terms are list, describe, explain, analyze, etc. Do not use terms such as understand, know, and learn as they are not observable. |
| **Complete the following statement:**At the conclusion of the activity, participants should be able to |

|  |
| --- |
| **Prior Content Knowledge**: Complete the statement below with one of the choices.  |
| Prior to attending this activity, participants should have knowledge of the specific content being taught. (This statement does not apply to the number of years of interpreting experience). Select one option only.Little/none Some Extensive Teaching (participants will teach the topic) |

|  |
| --- |
| **Requested Content Area:** Choose which content area requested for the activity |
| **PS** - Professional Studies | **GS** - General Studies |

|  |
| --- |
| **Materials**: List the print, audio, and visual materials and equipment to be used and who is responsible for providing each item. |
| Presenter will Provide |  |
| Host will Provide |  |

|  |
| --- |
| **Evaluation & Assessment**: Describe how the presenter(s) will evaluate participants’ learning and the presentation’s effectiveness. |
|  |

**GS CEUS for 1st Time Presenting this Activity:**

|  |
| --- |
| If this is the 1st time you will be presenting this workshop, you can earn GS CEUS. If you would like the GS CEUS, complete the information below. |
| Name as it appears in RID |  | RID number |  |
| Name as it appears in RID |  | RID number |  |
| Name as it appears in RID |  | RID number |  |

**Event Contact Person Section**

|  |  |  |
| --- | --- | --- |
| **Event Contact Person’s Information** | Email: |   |
| Name: |   | Phone: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Date** | **Start Time** | **End Time** | **Total # of hours** excluding lunch andbreaks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Location**

|  |  |
| --- | --- |
| In-person: must list City, State where event is held: |  |
| Virtual: must list City, State of event contact person: |  |

**CMP Coordinator Section**

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

|  |  |
| --- | --- |
| T**otal number of CEUs to be awarded to each 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** |  |

As the RID approved sponsor for this RID activity, I certify that the above information is accurate and will be submitted to the RID National Office at least 30 days prior to the start of the activity.

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