



**Court Interpreting Services
Continuing Education Form**

Statement of Attendance for Approved Continuing Education
Court Interpreting Services

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Program Information

Name of Program Attended: _____

Date(s) Attended: _____

Hours of Credit: _____

Program Sponsor: _____

I hereby state the information on this form is true and correct to the best of my knowledge.

Signature

Date

Please include a copy of any certificates or other documentation provided by the program sponsor.

Mail to: Administrative Office of the Courts
Court Interpreting Services
100 Millcreek Park Building 12
Frankfort, Kentucky 40601