Activity Report Form

Certification Maintenance Program (CMP)

Associate Continuing Education Tracking (ACET) Program

Please print all information below. An illegible or incomplete form will result in delayed processing.

Activity Number		
Sponsor Code	Month Year	No.

Date(s) of Activity: _____

Name of RID Approved Sponsor:_____

Activity Title:_____

Number of CEUs:_____ Activity Content (Check One): PS ❑ GS ❑

Instructor Name:_____

Instructor RID Member #

First time presenting this workshop -- please award General Studies CEUs: ❑

Activity Attendees:

RID Member #	Participant Name	City	State

Registry of Interpreters for the Deaf, Inc., 333 Commerce Street, Alexandria, VA 22314
703.838.0030 (V) • 703.838.0409 (Fax) • 703.838.0456 (TTY)

Activity Number		
Sponsor Code	Month Year	No.

RID Member #	Participant Name	City	State

Registry of Interpreters for the Deaf, Inc., 333 Commerce Street, Alexandria, VA 22314
703.838.0030 (V) • 703.838.0409 (Fax) • 703.838.0456 (TTY)