**Continuing Education Activity Plan**

**Sponsor Form**

This activity form must be submitted to the RID National Office at least 30 days prior to the start of the activity.

The Activity Plan Instructor’s form must also be attached.

Name of Approved Sponsor: **UNC Department of ASL & Interpreting Studies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Title:** |  | | | | | | |
| **Location:** |  | | | | | | |
| **City:** |  | | | | | | |
| **State:** |  | | | | | | |
| **Instructor(s) Name(s):** |  | | | | | | |
| **First time presenting this workshop?** | |  | **Yes** |  | **No** | **RID Member Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Person(s):** |  | **Contact Phone:** |  |
| **Email:** |  | **Website:** |  |

|  |  |
| --- | --- |
| **Do you want this program listed in RID’s online searchable database?** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Start Time** (am/pm) | **End Time** (am/pm) | **Scheduled Break Times** | **# of CEUs** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Content Area:** | | **Participants’ Prior Knowledge of Topic:** | | **Participating Programs:** | |
|  | Professional Studies (PS) |  | Little/none |  | CMP only |
|  | |  | Some |  | ACET only |
|  | Extensive |  | CMP & ACET both |
|  | Teaching |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject code:** | | | | | | | |
|  | 01 Medical |  | 02 Mental Health |  | 03 Drugs/Alcohol |  | 04 Legal |
|  | 05 Educational (K-12) |  | 06 Educational (Post-Secondary) |  | 07 Deaf-Blind |  | 08 Oral |
|  | 09 Performing Arts |  | 10 Business Practices |  | 11 Tri-Lingual |  | 12 ASL/Linguistics |
|  | 13 Deaf Culture |  | 14 Mentoring/Teaching |  | 15 Sign to Voice |  | 16 Team Interpreting |
|  | 17 Religious |  | 18 Ethical |  | 19 Transliteration |  | 20 Visual/Auditory |
|  | 21 Memory Building |  | 22 Deaf |  | 23 Voice to Sign |  | 24 Other |
|  | Ergonomics |  | Repetitive Motion Injury |  | Video |  |  |

**This section will be completed by sponsor.**

**Activity Number:**

**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 Approved Sponsor: Date:

**Continuing Education Activity Plan**

**Instructor’s Form**

This form is to be completed by either the instructor or RID Sponsor and attached to the Sponsor Form. The RID Sponsor will submit the activity to the RID National Office at least 30 days prior to the activity start date.

RID Sponsor Name: **UNC Department of ASL & Interpreting Studies**

Presenter/Instructor Name and Bio: Please paste bio(s) here or include resume(s) in this file. Please limit resumes to one page.

Date(s)/Time of Activity:

Title of Activity:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant’s Prior Knowledge of Topic: |  | Little/none |  | Some |  | Extensive |  | Teaching |

Target Audience:

Workshop/Course Description:

Educational Objectives: Describe **actions** by participants DURING the workshop that will demonstrate comprehension and integration of information presented.

Media/Materials: List the print, audio and visual materials you will use and who is responsible for providing them.

Action Plan: Describe or outline the specific activities which will occur during this program. These activities are to support and help meet the Educational Objectives listed above.

Evaluation & Assessment: Describe how you will know if the participants are achieving the educational objectives DURING the workshop.