



## 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**

<b>Activity Title:</b>					
<b>Location:</b>					
<b>City:</b>					
<b>State:</b>					
<b>Instructor(s) Name(s):</b>					
<b>First time presenting this workshop?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<b>RID Member Number</b>

<b>Contact Person(s):</b>		<b>Contact Phone:</b>	
<b>Email:</b>		<b>Website:</b>	

<b>Do you want this program listed in RID's online searchable database?</b>	
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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:					
<input type="checkbox"/>	01 Medical	<input type="checkbox"/>	02 Mental Health	<input type="checkbox"/>	03 Drugs/Alcohol
<input type="checkbox"/>	05 Educational (K-12)	<input type="checkbox"/>	06 Educational (Post-Secondary)	<input type="checkbox"/>	07 Deaf-Blind
<input type="checkbox"/>	09 Performing Arts	<input type="checkbox"/>	10 Business Practices	<input type="checkbox"/>	11 Tri-Lingual
<input type="checkbox"/>	13 Deaf Culture	<input type="checkbox"/>	14 Mentoring/Teaching	<input type="checkbox"/>	15 Sign to Voice
<input type="checkbox"/>	17 Religious	<input type="checkbox"/>	18 Ethical	<input type="checkbox"/>	19 Transliteration
<input type="checkbox"/>	21 Memory Building	<input type="checkbox"/>	22 Deaf	<input type="checkbox"/>	20 Visual/Auditory
<input type="checkbox"/>	23 Voice to Sign	<input type="checkbox"/>	24 Other		
<input type="checkbox"/>	Ergonomics	<input type="checkbox"/>	Repetitive Motion Injury	<input type="checkbox"/>	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
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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.