



Continuing Education Activity Plan Sponsor Form

This activity must be submitted ONLINE at www.rid.org at least 30 days prior to the start of the activity. A copy of this form along with the Activity Plan Instructor's form must be kept on file for future auditing purposes.

Name of Approved Sponsor: _____ Interpreterk _____

Activity Number: 0024 _____
(Sponsor Code) (Month/Year) (Ascending within month)

Activity Title: _____

Location of Activity: Rochester (City) New York (State)

Instructor(s) Name(s): _____

Contact Person: Deborah Makowski Contact Phone #: (585) 475-3972

Email: dsmdis@rit.edu Web site: _____

Who is the Target Audience: _____

Activity Start Date: _____ Activity Completion Date: _____

Start Time for Activity: _____ End Time for Activity: _____

Additional Time Requirements: _____

Total number of CEUs to be awarded to each participant: _____

Content Area:

Professional Studies (PS)

General Studies (GS)

Content Level:

Little/none

Some

Extensive

Teaching

Participating Programs:

CMP only

ACET only

CMP & ACET Both

As the RID Approved Sponsor for the RID activity, I certify that the above information is accurate and will be filed ONLINE with RID through www.rid.org at least 30 days prior to the start of the activity.

RID Approved Sponsor Signature Administrator: _____ Date: _____