



Academic Coursework Activity Report for Courses at Accredited Colleges and Universities

Note to participant:

This activity form must be submitted to the RID Approved Sponsor upon completion of the academic course.
A copy of the description of the course and the Institution's transcript or grade report should be attached. The Sponsor will file the paperwork online at www.rid.org for CEU processing at the RID national office.

CMP Participant Name (print): _____ RID Member #: _____

CMP Participant Address _____

CMP Participant Email _____ Phone # _____

CMP Participant Cycle End Date _____

Course Title: _____

Name of College or University _____

What is the number of credit hours assigned to the course? _____/semester or _____/quarter

Name of Approved Sponsor: ___Florida Registry of Interpreters for the Deaf_____

RID Activity Number for this Academic Coursework:
 ___0___0___4___9___ . _____
Sponsor Code Month Year Ascending within month; Internal Code (optional)

To which CMP *Content Area* does this course apply? Professional Studies _____ General Studies _____

Course Start Date: _____ Course Completion Date: _____

Number of Continuing Education Credits* (CEUs) awarded to CMP participant: _____
(*1.5 CEU/credit based on a *Semester* session or 1.0 CEU/credit based on a *Quarter* session.)

As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experience which exceeds routine employment responsibilities.

Signature of CMP Participant _____ Date _____

As the CMP Approved Sponsor for this Academic Course activity, I have verified successful completion of the course and a grade of "C" (2.0 GPA) or better and the course was taken at a accredited institution recognized by the Council for Higher Education Accreditation (CHEA).

Signature of RID Approved Sponsor Administrator _____ Date _____