

UTAH STATE COURTS CERTIFIED COURT INTERPRETER
CONTINUING EDUCATION COMPLIANCE FORM
COMPLIANCE PERIOD: JANUARY 1, 2025 THROUGH DECEMBER 31, 2026

Section I. GENERAL INFORMATION	
FULL NAME:	LAST 4 OF SSN:
MAILING ADDRESS:	E-MAIL ADDRESS:
Section II. CONTINUING EDUCATION ACTIVITIES	
Please attach a class description and/or agenda and transcript/certificate showing successful completion of each class listed below. Indicate which part of the training fulfills the ethics requirement.	

Date of Class	Title of Class	Name of Provider	# of Hours
LIST ETHIC REQUIREMENTS HERE (4 HOURS)			
TOTAL HOURS			

Section III. DECLARATION	
<i>I declare under penalty of perjury under the laws of the State of Utah that the information provided above is true and correct.</i>	
SIGNED:	DATE:
Please submit to: LANGUAGE ACCESS PROGRAM COORDINATOR	

