



**Registry of Interpreters for the Deaf, Inc.  
Independent Study Plan**



This completed form should be returned to the RID National Office within 45 days of completion of the activity.

CMP Participant Name: \_\_\_\_\_ RID Member #: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

1. **What do I want to do?** Describe the activity you will complete for CEUs. (Ex: I would like to know more about the process of translation from a linguistic point of view; and read several recommended books.)

**Please give your project a name here:** \_\_\_\_\_

2. **What are my specific goals or Learning Objectives?** Keep your goals/objectives measurable, observable, and tangible. (We suggest you list the learning objectives so that you can refer back to them in questions 4 & 5. (i.e., I will learn; I will compare; I will analyze... a, b, c.)



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- 3. **How will I show my sponsor what I learned?** *Briefly describe your action plan; relate it to your goals and make sure your final documentation clearly shows that you met your goals. (Ex: I will write a report comparing spoken and signed translation work.)*
  
- 4. **How many CEUs am I proposing and why?** *Remember, in an educational setting, 10 contact hours = 1 CEU. Consider how much time you will devote to this study. A maximum of 2.0 CEUs can be earned for each project. (Larger projects may be broken into components and each component filed as a separate independent study project earning up to 2.0 CEUs each.) [Your Sponsor can help you determine the worth of your project.]*
  
- 5. **When will this proposed project start and end?** *(Project must be completed within 12 months.)*

I agree to implement the Independent Study Activity as outlined in this plan and to submit all the necessary documentation of successful completion to my Sponsor. I certify that this activity for CEU credit toward the RID CMP requirements represents a valid and verifiable Continuing Education Experience that exceeds routine employment responsibilities.

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**Participant's Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **Participants Signature** \_\_\_\_\_

I will insure that this Independent Study Activity will be overseen and evaluated by individual(s) with the relevant expertise. I, or my designee, have discussed the Independent Study Activity outlined in this plan with the participant and agree that it represents a valid and verifiable Continuing Education Experience. Further, my designee, or I agree to assess the documentation submitted to me by the participant upon completion of the Independent Study Activity and award the appropriate CEUs if completion is satisfactory.

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**SLA** \_\_\_\_\_ **0 0 0 2** \_\_\_\_\_  
**Sponsor** **Code** **Date** **Sponsor's Signature**