



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: TEXAS SOCIETY OF INTERPRETERS FOR THE DEAF (TSID)

Activity Number: 0027
(Sponsor Code) (Month/Year) (Ascending within month)

Activity Title: _____ RID Tracking: _____

Location of Activity: _____ (City) _____ (State) _____

Instructor(s) Name(s): _____

Contact Person/People: _____ Contact Phone(s): _____

E-mail _____ Web site: _____

Who is the Target Audience: _____

Activity Start Date: _____ Activity Completion Date: _____

Start Time for Activity: _____ AM PM Ending Time for Activity: _____ AM PM

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

Content Area:

Content Level:

Participating Programs:

Professional Studies (PS)

Little/none

CMP only

General Studies (GS)

Some

ACET only

Extensive

CMP & ACET Both

Teaching

This will be completed by the Approved Sponsor

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: