Activity Report Form

Certification Maintenance Program (CMP)
Associate Continuing Education Tracking Program (ACET)

Please print all information below. An illegible or incomplete form will result in delayed processing.

Sponsor Information

Activity Number									
Sponsor Code				Month		Year		No.	

Date of Activity:_____

RID Approved Sponsor's Name:_____

Activity Title:_____

Total Number of CEUs possible:_____ Check One: PS ☐ GS ☐

Instructor Member ID #				

Instructor Information

Instructor Name:_____

First time presenting this workshop, please award me CEUs. ☐

Participant Name	City	State	Member #

SAMPLE

Registry of Interpreters for the Deaf, Inc.
333 Commerce Street • Alexandria, VA 22314 • www.rid.org
703.838.0030 (V) • 703.838.0409 (Fax) • 703.838.0456 (TTY)

Activity Number									
Sponsor Code				Month		Year		No.	

Participant Name	City	State	Member #

SAMPLE