



COURT INTERPRETER CREDENTIALING PROGRAM
Administrative Office of Courts - Mississippi Supreme Court
P.O. Box 117
Jackson, MS 39205-0117

CIE UNIT REPORTING FORM

INTERPRETER:

Name:

Mailing Address:

Telephone: E-mail:

Course:

Title:

Presenter: Organization:

Date: Length of Presentation:

Number of units* requested:

*A unit is equal to 50 minutes of instruction time not including any breaks.

Attach a copy of the agenda for the event you attended along with a certificate of completion if provided by the presenter. The agenda should list the title of each presentation along with the name of the presenter.

I hereby swear or affirm that I did physically attend the program for the number of units for which I am requesting credit.

.....
Signature

.....
Date

AOC Use Only:

Number of units authorized for this presentation only:

Authorized Signature: Date: