**Blank RID form for completing the Independent Study Forms**.
These must be completed and approved by the CMP sponsor **before** beginning your Independent Study/Practicum Experience.

Contact me at charlene.crump@mh.alabama.gov if you have questions.

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**Independent Study Plan**

This Independent Study Activity Plan must be approved by a RID Approved Sponsor ***PRIOR*** to the onset of the activity.

CMP Participant Name: Click here to enter text. RID Member # Click here to enter text.

Participant’s Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Email: Click here to enter text. Phone #

**1. What do I want to do?** *Briefly 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. Several books on translation have been recommended. I would like to read them and apply them to my work.)*

Click here to enter text.

**2. What are my specific goals?** Keep your goals measurable, observable, and tangible! (Ex: “I will compare the problems and techniques of spoken language interpreters to those I have experienced.”)

Click here to enter text.

***3.* How will I show my sponsor what I learned?** *Describe your evaluation process. (Ex: I will write a 1-2 page report comparing spoken and signed translation work.)*

Click here to enter text.

**4.** **How many CEUs am I proposing and why?** *Remember, in an educational setting, 10 contact hours = 1 CEU. Non-traditional activities should follow a different ratio. 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.)*

Click here to enter text.

**5. When will this proposed project start and end?** *Project must be completed within twelve months*

Click here to enter text.

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 Signature**  **Date** **Participant’s Name (print)**

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, I or my designee, 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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**Sponsor’s Administrator Signature Date** **Sponsor’s Administrator Name (print)**