



Department of Health and Human Services  
Aging and Disability Services Division  
**Communication Access Services Program**  
**Interpreter / CART Registry**



## Professional Development Log

Interpreter Name: \_\_\_\_\_

NV Interpreter Registry #: \_\_\_\_\_

Registry Expiration Date: \_\_\_\_\_

- ☐ Educational Apprentice Level  
☐ Educational Intermediate Level  
☐ Community Apprentice Level

Documentation for each activity must be submitted with this log. Use additional sheets if needed.  
This supplemental form is to be used if proof of attendance does not list each of these categories.

Date	Time	Activity	Instructor	Focus Area	Type of Training
				<input type="checkbox"/> Study of language, linguistics <input type="checkbox"/> Study of Deaf culture <input type="checkbox"/> Interpreting Theory <input type="checkbox"/> Interpreting Skills	<input type="checkbox"/> In person Training <input type="checkbox"/> Online Training <input type="checkbox"/> College Class <input type="checkbox"/> Conference <input type="checkbox"/> Other _____
				<input type="checkbox"/> Study of language, linguistics <input type="checkbox"/> Study of Deaf culture <input type="checkbox"/> Interpreting Theory <input type="checkbox"/> Interpreting Skills	<input type="checkbox"/> In person Training <input type="checkbox"/> Online Training <input type="checkbox"/> College Class <input type="checkbox"/> Conference <input type="checkbox"/> Other _____
				<input type="checkbox"/> Study of language, linguistics <input type="checkbox"/> Study of Deaf culture <input type="checkbox"/> Interpreting Theory <input type="checkbox"/> Interpreting Skills	<input type="checkbox"/> In person Training <input type="checkbox"/> Online Training <input type="checkbox"/> College Class <input type="checkbox"/> Conference <input type="checkbox"/> Other _____
				<input type="checkbox"/> Study of language, linguistics <input type="checkbox"/> Study of Deaf culture <input type="checkbox"/> Interpreting Theory <input type="checkbox"/> Interpreting Skills	<input type="checkbox"/> In person Training <input type="checkbox"/> Online Training <input type="checkbox"/> College Class <input type="checkbox"/> Conference <input type="checkbox"/> Other _____

\_\_\_\_\_  
Interpreter Signature

\_\_\_\_\_  
Date

Once this form is completed and signed, please upload it to your registry account.  
Should you have any questions, please contact ADSD at [InterpreterRegistry@adsd.nv.gov](mailto:InterpreterRegistry@adsd.nv.gov).