



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 _____
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				<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.