INTERNATIONAL MEDICAL INTERPRETERS ASSOCIATION
IMIA
Leading the advancement of professional interpreters

THE NATIONAL BOARD OF CERTIFICATION FOR MEDICAL INTERPRETERS

# IMIA/NBCMI Continuing Education Conference Attendance Sheet

- Recertify every 5 years by participating in education directly related to medical interpretation by completing **3 CEUs** (Continuing Education Units), equivalent to **30 contact hours** of IMIA/NBCMI approved trainings and workshops prior to your certification credential expiration date (5 years from initial CMI date of certification, for example).
- Each **1CEU** is equal to **10 contact hours** of IMIA/NBCMI approved trainings and workshops.
- Only one presenter's signature is required for multiple-presenter workshops
- Please use multiple sheets if needed. Thank you!

For questions, please contact: **staff@certifiedmedicalinterpreters.org**

First Name | Middle Name | Last Name

Phone | Email | Certification Status/Number (CMI, QMI or None)

| Workshop ID | Workshop Title | Presenter' Signature (REQUIRED) | Date | Time In | Time Out |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Attestation:**
By filling this sheet and electronically signing below, I attest that I attended the workshops listed above, and I attest that all information is correct to my best knowledge.

**Full Name** | **Date**