



# North Carolina Interpreter & Transliterator Licensing Board

PO Box 20963 • Raleigh, NC 27619  
919-779-5709 Tel • 919-779-5642 Fax  
www.ncitlb.org • ncitlb@caphill.com

## NCITLB Continuing Education Units (CEUs) Surplus Reporting Form

### 21 NCAC 25 .0501 CONTINUING EDUCATION REQUIREMENTS

(a) A licensee shall earn at least two continuing education units ("CEUs") each licensure year. At least 1.0 of those CEUs shall be earned in professional studies and at least 1.0 of those CEUs shall be earned in a setting in which three or more persons come together at the same location at the same time as a group to listen to a lecture, to view a demonstration, to participate in group discussions, or to learn through any combination of these or similar activities.

(b) A licensee may carry over up to two (2) surplus CEUs earned in one licensure year to the next licensure year to meet the requirements of Paragraph (a) of this Rule. To lessen the Board's administrative review time and costs, **the licensee shall provide sufficient proof of the CEU credits sought to be carried over in the licensee's license renewal application packet submitted for the carry over year in order to receive credit therefore.** Except as specifically provided hereby, surplus CEUs shall only be carried forward from the licensure year in which they were earned to the next subsequent licensure year, and not beyond.

**This form must be submitted with proof of CEUs obtained in order for your surplus CEUs to be properly reported.**

**Please complete all applicable sections. Incomplete forms will be returned to the licensee.**

Date CEUs obtained	Course Title	Sponsor	CEUs Applied to your 2017 renewal	Online or Classroom Setting	General or Professional Studies
<b>EXAMPLE</b>					
<i>11/6/2016</i>	<i>Medical Interpreting</i>	<i>RID</i>	<i>0.30 of 0.50</i>	<i>Classroom</i>	<i>Professional</i>
			____ of ____		
			____ of ____		
			____ of ____		
Date CEUs obtained	Course Title	Sponsor	CEUs Applied to your 2018 renewal	Online or Classroom setting	General or Professional Studies
<b>EXAMPLE</b>					
<i>11/6/2016</i>	<i>Medical Interpreting</i>	<i>RID</i>	<i>0.20 of 0.50</i>	<i>Classroom</i>	<i>Professional</i>
			____ of ____		
			____ of ____		
			____ of ____		

I hereby certify that the above information is related to the professional training activities I attended, and what I have reported is accurate to the best of my knowledge. I understand that I must submit copies of attendance certificates for any training listed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_