



**Division for Rehabilitation Services**  
**Office for Deaf and Hard of Hearing Services**  
**Sponsor Report**

The Office for Deaf and Hard of Hearing Services must receive this form within 10 days after the conclusion of the approved training event. The person who submitted the DARS3913, Request for Approval of Proposed Training for General and Court Interpreter Continuing Education Units (CEUs), must complete this report.

**Training Information**

Title of training:

Presenters:

Date(s) of training:

CEU ID number:

CEU credit:

**Report**

Number of participants (both noncertified and certified interpreters):

Number of CEU awards to DHHS-certified interpreters:

Signature:

Date:

Return this form and attachments to  
**Office for Deaf and Hard of Hearing Services**  
**Attention: CEU Program**  
 4900 North Lamar, Suite 2169, Austin, Texas 78751  
 PO Box 12904, Austin, Texas 78711  
 (512) 407-3250 Voice or (512) 407-3251 TTY  
 Fax: (512) 407-3299  
 Email: [ceus.dhhs@dars.state.tx.us](mailto:ceus.dhhs@dars.state.tx.us)  
[www.dars.state.tx.us/dhhs](http://www.dars.state.tx.us/dhhs)