



# THE SUPREME COURT *of* OHIO

65 South Front Street Columbus, Ohio 43215-3431

CIE Form #10

## APPLICATION FOR EXEMPTION FROM EDUCATIONAL REQUIREMENTS:

### **SPECIAL CIRCUMSTANCES**

Continuing Interpreter Education  
Language Services Program

PLEASE PRINT

1. List your name, address, telephone number, facsimile number, e-mail address, and interpreter registration number.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

(\_\_\_\_\_) \_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Facsimile)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
(Interpreter CIE Number)

2. Provide the period for which you are requesting an exemption:

From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

3. Provide a detailed description of the special circumstances unique to you that constitute good cause to grant an exemption from the CIE hour requirements. Your description should indicate how the special circumstances have prevented you from participating in continuing interpreter education programs and activities during the exemption period listed in question 2, above. You may attach additional pages if necessary.
4. Attach documentation from other persons or entities in support of your request if you believe it would be helpful in consideration of your Application for Exemption.

List the names of the persons or entities that are providing documentation in support of your Application for Exemption.

Name

Phone Number

\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_  
( ) \_\_\_\_\_

**Certification**

I understand that to be deemed complete my Application for Exemption from Education Requirements Based on Special Circumstances (“Application for Exemption”) must be submitted with supporting documentation as required in questions 3 and 4.

I understand that if my Application for Exemption is granted I am required to submit at the end of my biennial reporting period my final reporting transcript on which I will report my exempt status.

I understand that after my exemption ends, I will be required to comply with the educational and reporting requirements of the state of Ohio.

I certify that the information provided in this Application for Exemption and the supporting documentation is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**FOR CIE OFFICE USE ONLY**

Approved

Denied

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

By \_\_\_\_\_  
\_\_\_\_\_

Reason Denied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_