

Supreme Court of Nevada
ADMINISTRATIVE OFFICE OF THE COURTS

KATHERINE STOCKS
State Court Administrator



JOHN MCCORMICK
Assistant Court Administrator

Nevada Certified Court Interpreter Program

ALTERNATIVE STUDY COURSE PLAN

Form must be received at least 30 days prior to the alternative study activity.

ALTERNATIVE STUDY COURSE

Course/Workshop Name*: _____

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-mail: _____

Length of training: _____ Number of CEUs applied for: _____

* You must provide a description and outline of the course.

AFFIDAVIT

I, _____, hereby declare
under penalty of perjury under the laws of the State of Nevada that the information provided
above is true and correct.

On behalf of: _____

Requester's Name

Signature

Date

Please send this form, supporting documentation and corresponding payment to the following address:

**Administrative Office of the Courts
Attn. Accounting Unit
201 South Carson Street, Suite 250
Carson City, NV 89701**