Utah Interpreter Program

Temporary Mentored Permit / Monthly Tracking Report

Minimum 12 hours monthly mentored hours

To comply with the terms of your Mentored Temporary Permit, this form must be submitted to UIP ***by the 5th of the following month****. Failure to meet this requirement will result in the revocation of your permit.*

Please print!

Name: _____ Month: _____ Year: _____

Name of Mentor(s): _____

Phone number(s): _____

Mentored Requirements

1. Mentor-approved activities and hours completed during the past month (*must include details and hours*):

Brief explanation: _____ / *Hours*

Brief explanation: _____ / *Hours*

Brief explanation: _____ / *Hours*

2. Total number of mentored hours completed during the past month:

_____

Mentor signature *Total Mentored Hours*

_____

Mentor signature *Total Mentored Hours*

Workshop Requirements

Workshop(s) attended (*must include date, presenter, and hours*)

Date _____ *Presenter* _____

Brief explanation: _____ *Hours*

Date _____ *Presenter* _____

Brief explanation: _____ *Hours*

Other information/comments: _____

_____

_____

UIP Interpreter Program
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Office Use Only
MH _____
WH _____

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