

State of Connecticut Department of Rehabilitation Services 55 Farmington Avenue, 12<sup>th</sup> Floor Hartford, CT 06105 (860) 424-5055 (voice) DORS.Interpreting@ct.gov

## CONNECTICUT INTERPRETER REGISTRATION FORM

## Instructions:

Section A:

This pdf form can be submitted in two ways.

 The form can be downloaded and saved (use "Save As") and e-mailed with any supporting documentation to DORS.Interpreting@ct.gov (Forms submitted without complete documentation will not be accepted)

Please do not fill out the form first without downloading and saving it onto your computer.

2. Printed and mailed to the address listed above with all supporting documentation. (Forms submitted without complete documentation will not be accepted)

🗌 Mr. 🗌 Mrs. 🗌 Ms	Name:					
	Last	First	Mi.			
Address:	City:	State:	ZIP:			
Telephone:	Work:	Fa	x:			
Email:						
Place of Employment: _						
Address:	City:	State:	ZIP			
Contact Person:						
Telephone:	Job Title:					
Please list Current Interpreting Certifications:						
<ul> <li>MCDHH</li> <li>Approved Deaf Interpreter</li> <li>Approved American Sign Language-English Interpreter</li> <li>Approved Sign Language Transliterator</li> <li>NONE</li> </ul>						
If you are not currently certified, please continue to <b>Section B</b> If currently certified, please continue to <b>Section C</b> If currently MCDHH certified, please continue to <b>Section D</b>						

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B (NON - CERT-FIED): currently certified, have you	passed the NIC Written Knowledge Exa	am? 🗌 <b>YES</b>			
	on date of the exam? of your RID-NAD NIC Knowledge Ex				
If <b>YES</b> , please provide the f Name of ITP:	-				
City	State	Zip			
Completion date:Degree received Please include a copy of your Interpreter Training Program (ITP) degree					
n C (CERTIFIED): include the following:					
Copy of Current RID-NAD Membership Card					
D (MCDHH CERTIFIED): include the following:					
Copy of current MCDHH	H Identification Card ved Interpreter Screening Letter				

In accordance with the State of Connecticut records retention policy and requirements imposed by audit reports, a copy verifying each certificate <u>must</u> be submitted annually. Please check and submit all of the following documentation that applies to you. Failure to provide proof of your credentials will result in you not being officially registered as a working interpreter in the State of Connecticut.

SIGNATURE REQUIRED: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this registration form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and to other such penalties as may be prescribed by law. All statements made on this form are subject to verification. I also understand my name and certification status will be posted on the State of Connecticut Department of Rehabilitation Services' website as a registered interpreter.

## Signature:

Date:

Note, a typed name will substitute for a handwritten signature

\*\*Note: If the five (5) year period to take and pass the NIC Performance Examination expires during the current state registration cycle, you must provide proof of obtaining certification to remain registered. If no such verification is submitted, your Connecticut state interpreter registration will expire on the date your written knowledge exam expires.