



**Aging & Disability Services Division
Interpreter/CART Registry
3656 Research Way, Suite 32
Carson City, NV 89706**

Form A 4 – Educational Interpreter Application

**Phone: 775-687-4452
Fax: 775-687-3292
Email: bahammond@adsd.nv.gov**

Section A Application Procedures/Checklist:

Current Photo (Passport size)
Photocopy of current picture identification with date of birth (e.g. Driver's License)
Completed Application (Requires Notary)
Signed, completed Code of Professional Conduct form (Requires Notary)
Photocopy of current certifications
Professional Development Form (Not required for Advanced Level)
Mentor form (Not required for Advanced Level)

Section B Registration Category:

Initial Application
Registration Renewal
Registration Update
Registration Reinstatement

Each level of certification requires graduation from High School or completion of the GED:

I am a high school graduate (Attach documentation) Year graduated: _____

Name and location of High School: _____

I have completed and passed the GED (Attach documentation)

Year GED passed and name and address of issuing Institution: _____

Neither apply, I have attached an explanation page.

School System where you currently work, if applicable: _____

Date of Employment:

From: _____ Until: _____

Supervisor's contact information:

Name: _____ Phone/fax: _____

Email: _____

Type of Employment: Full-time Part-time Sub

I am registering for the following category and hold the following certifications:

Educational Setting: Cued Speech Transliterator:

Certified by TECUnit

Other (Explain)_____

Educational Setting: Apprentice Level:

EIPA 3.0 Grade level (s) Assessed: _____ Modality Assessed: _____

- I am am not an Associate member of RID and participate in their ACET Program (If yes, provide RID member number)
- I do do not have a mentor (mentor form attached)
- I do do not have a Professional Development Plan (Form attached)

Educational: Intermediate Level

EIPA 3.1-3.9 Grade level (s) Assessed: _____ Modality Assessed: _____

- I am am not an Associate member of RID and participate in their ACET Program (Provide RID member number)
- I am am not Registered with RID as a “Certified Educational Interpreter” (Provide copy of Certification proof)
- I do do not have a Professional Development Plan (Form attached)

Educational: Advanced Level

EIPA 4.0-5.0 Modality Assessed: _____

- I am am not Registered with RID as a “Certified Educational Interpreter” (Provide copy of Certification proof)
- I do do not not have a Professional Development Plan (Form attached)

Section C Applicant information:

Full, Legal name of applicant (Include Alias or other names in parenthesis)		
Address where you can be reached		
City	State	Zip Code
Home Phone	Cell Phone	Work or other phone
Email		

Please indicate the contact information you want on the registry: (Name and certification information is mandatory):

Additional Questions

1. Yes No Have there been any substantiated allegations of a code of ethics violation(s) pertaining to interpreting/transliterating practice by any certifying body?

2. Yes No Has there been any adverse verdict as a result of any civil suit regarding your professional malpractice?

3. Yes No Have you ever had an interpreter/transliterating credential denied, revoked, or suspended within the past ten years?

4. Yes No Are there any pending actions related to a denial, revocation, or suspension of any interpreter/transliterators credential?
5. Yes* No Have you been convicted of a crime under any laws within the past ten years?
*If yes, please attach a separate sheet detailing the nature of the conviction, date(s) and locations of the event
6. Yes* No Are any criminal charges currently pending against you?
*If yes, please attach a separate sheet detailing the nature of the conviction, date(s) and locations of the event
7. Yes* No Is there any condition which would prevent you from providing interpreting service?

Section D Certification of Applicant:

Certification

I hereby agree and have knowledge of and comply with the standards set forth in Nevada Revised Statute 656A governing the provision of Interpreting and CART Services and understand the types of misconduct for which disciplinary action may be initiated against me pursuant to these regulations.

I hereby certify that the preceding information is correct to the best of my knowledge. I agree to abide by and follow the NAD-RID Code of Professional Conduct as set forth in section 40 (1) (e) of Nevada Revised Statute 656A.

Signature

Date

State of _____

County of _____

On the _____ day of _____ 20____, before me, the undersigned, a Notary Public in and for the county and state aforesaid, personally appeared _____, known to me to be the person named above and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same freely and voluntarily.

BY: _____

Notary

Posted 9/1/2009

Affix Notary Seal