

Sign Language Interpreter Registration

Applying to register with: DSHS State Contract WA Courts Both

1. Personal Information: No changes; if no changes, write in your name below and go to Part 9.

APPLICANT'S NAME				DATE OF BIRTH (MM/DD/YYYY)
MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY
FIRST TELEPHONE NUMBER (INCLUDING AREA CODE) () -			<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> VP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
SECOND TELEPHONE NUMBER (INCLUDING AREA CODE) () -			<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> VP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
EMAIL				<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

2. Availability

I am currently employed or have a subcontract with the following Interpreter Referral Agency(ies) under which I will be providing interpreting services.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am self-employed as an Independent Contractor (business name): _____

3. Communication Preference (check all that apply)

<input type="checkbox"/> American Sign Language	<input type="checkbox"/> International Sign Language
<input type="checkbox"/> Pidgin Signed English	_____
<input type="checkbox"/> Signing Exact English	_____
<input type="checkbox"/> Tactile Sign Language	_____
<input type="checkbox"/> Close-Vision Sign Language	_____

4. Certification

I am a Certified Sign language Interpreter.

My Certification is _____ and I became certified on: _____ (MM/DD/YYYY)

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I completed the knowledge, interview and performance tests. I have attached a photocopy of my RID certification(s) with this registration form.

5. Experience / Setting

I started working in the sign language interpreting profession on: _____ (MM/YYYY)

I have training in the following and I am willing to interpret in the following settings (check all that apply):

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Platform	<u>Legal:</u>
<input type="checkbox"/> Drug and Alcohol	<input type="checkbox"/> K – 12 Education	<input type="checkbox"/> Court
<input type="checkbox"/> Children Protective Services	<input type="checkbox"/> Post-Secondary Education	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> Rehabilitation / Vocational	<input type="checkbox"/> Administrative Hearing
<input type="checkbox"/> Medical	<input type="checkbox"/> Adult Education	
<input type="checkbox"/> Socio-Economic Benefits	<input type="checkbox"/> Technology	

6. Education and Training

I was _____ years old when I started signing. My background in sign language started because (check all that apply):

- Parents and/or other family members
- Deaf friend(s)
- Became involved with the Deaf community
- Took ASL/Deaf studies course(s) in high school
- Took ASL/Deaf studies course(s) at a college/university
- Took ASL/sign language course(s) at: nonprofit serving deaf adult education

I have a high school diploma or GED equivalent.

My background in education and training is as follows:

NAME OF SCHOOL	TYPE OF DEGREE	FIELD OF STUDY	ITP?	YEARS ATTENDED	GRADUATION DATE (MM/YYYY)
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD		<input type="checkbox"/> YES <input type="checkbox"/> NO		

8. Demographic Information - Optional

Hearing Loss (check one):

- Are you: Deaf Hard of Hearing Hearing Late Deafened
- Do you have Deaf family members? No Deaf Parent(s) Deaf Sibling(s) Deaf Spouse Other

Gender (check one):

- Gender: Female Male
- Are you of Hispanic origin? Yes, I am of Hispanic origin. No

The Spanish / Hispanic / Latino question is about ethnicity, not race. Please continue to the following list by marking one or more boxes to indicate what you consider your race to be (check all that apply):

- White
- Asian
- Black or African American
- Native Hawaiian Pacific Islander
- American Indian or Alaska Native
- Other

9. Self-Disclosure (please review and check all that apply to you)

- Has your RID certification ever lapsed?
- Have you ever had any substantiated allegations of a code of ethics violation pertaining to interpreting practice by any certifying body or other agency?
- Have you ever had an interpreter Quality Assurance credential/state licensure denied, revoked, or suspended?
- Do you currently have any pending actions related to a denial, revocation, or suspension of any interpreter credential / licensure?

If you checked any of the questions above, please attach a letter explaining the circumstances in detail. Please be sure to provide the date, the state, and information regarding the crime and/or findings.

By signing below, I authorize DSHS to review and/or obtain conviction records from the Washington State Patrol and other states; and to obtain from Washington and other states licensing information and any determination or finding of abuse, neglect or exploitation. I understand that the results of this background check* will be kept in total confidence and may be released to or reviewed by DSHS when monitoring contract compliance.

I agree to report any convictions or findings resulting after ODHH registration and approval shall be reported to ODHH within two working days.

10. Declarations

To work with DSHS:

I understand that I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide sign language interpreting services.

- I understand that some of my information will be listed on the DSHS website and Directory of Interpreters.
- I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment." A copy of the DSHS Form 03-023, Report of Outside Employment, is attached.

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

To work in Washington Courts:

I understand I must register and be approved through the Office of the Deaf and Hard of Hearing to be included on the list of sign language interpreters for use by Washington Courts. .

- I have read / and understand Rule 11.2 of the general Rules of Courts, the Court Code of Conduct for Court interpreters.
- I have signed an Oath.

To work with DSHS and in Washington Courts:

- I certify that the information which has been provided is true to the best of my knowledge.
- I have read / and understand the current NAD-RID Code of Professional Conduct and I agree to abide by it

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

Registration Submittal

Complete / attach the following required documents:

- Copy of RID Certificates
- DSHS Form 09-653, Background Authorization
- DSHS Form 03-374B Agreement on Nondisclosure of Confidential Information
- If applicable, state employees: DSHS Form 03-023, Report of Outside Employment.

Submit these documents to: **Department of Social and Health Services
Office of the Deaf and Hard of Hearing
ATTN: Sign Language Interpreter Manager
PO Box 45301
Olympia, WA 98504-5301**