



WEST VIRGINIA
COMMISSION FOR THE DEAF AND HARD OF HEARING
WV REGISTRY OF INTERPRETERS
Application



For office use only:

Date Received: _____

Title 192 CSR 3 entitled, "Establishment of Required Qualifications and Ethical Standards for Interpreters," was passed by WV legislature and went into effect October 1, 2013. Per this code, all working interpreters must meet standards for qualifications and be registered with the West Virginia Registry of Interpreters (WVRI), a registry to be maintained by the West Virginia Commission for the Deaf and Hard of Hearing.

Please complete and sign the full application. Please note that should your application arrive incomplete, or should you not meet the requirements set by the WVCDHH, your \$25.00 application fee will not be returned.

Please send completed application and all supporting documentation to:

WVCDHH
405 Capitol St, Suite 800
Charleston, WV 25301

CHECK LIST:

- Completed and signed application packet
- \$25 Application fee in the form of certified check or money order made payable to WVCDHH ***Personal checks will NOT be accepted**
- Clear copy of driver's license or photo page of passport
- Clear copy of all current qualifications (including membership cards, certificates and other qualifications)
- Clear copy of RID membership card (receipt will suffice until card is received)
- Professional resume showcasing interpreting experience

My signature below verifies that all required documents are enclosed with this *WVRI Application*, and that all information is true and accurate to the best of my knowledge. I understand that if my application is incomplete or my qualifications do not meet the requirements for registration, my \$25.00 application fee will not be returned.

CONTACT INFORMATION

Name:					
Address:					
City:		State:		ZIP:	
County:					
Email:					
Day Phone:	()	V	TTY	VP	TEXT
Eve Phone:	()	V	TTY	VP	TEXT

Would you like to be listed publicly, or privately? If listed publicly, your name, contact info and credentials are available to community members and hiring entities. If listed privately, you will not appear on the public registry.

Public

Private

IDENTIFICATION

Social Security Number: XXX-XX- ____ ____ ____ ____	<i>(Provide last 4 digits for verification.)</i>		
Picture ID:	Enclosed is a copy of (circle one)	Driver's License	Passport

CRIMINAL STATUS

Have you ever been convicted of a felony?	Yes*	No
<i>*If yes, official court records relating to the conviction and disposition must be submitted along with a letter from you explaining your conviction.</i>		

DISCIPLINARY STATUS

Have you ever been disciplined, or are you currently the subject of any disciplinary action, in any jurisdiction, related to providing interpreting services or adhering to either the RID Code of Ethics or the NAD-RID Code of Professional Conduct?		
	Yes*	No
<i>*If yes, submit the type of action, date, and name and address of the entity taking action along with an explanation letter from you.</i>		

Applicant Initials: _____ **Date:** _____

HIGH SCHOOL	
Do you hold a high school diploma or the equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Degree: Diploma <input type="checkbox"/> GED <input type="checkbox"/>	
Name of institution:	
City:	State:
Year of graduation or program completion:	

POST-SECONDARY	
What is the highest level of education you have completed?	
Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	
Name of institution:	
Year of Completion:	
City:	
	State:
Major:	Minor:

INTERPRETER TRAINING PROGRAM	
Have you attended an interpreter training program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	
Name of institution:	
Year of Completion:	
City:	
	State:

ADDITIONAL TRAINING	
Please list any additional formal training, and the institution from which it was provided, that you have for specialized areas of interpreting (i.e. medical terminology classes, legal training, mentorships, etc.):	

Applicant Initials: _____ **Date:** _____

Please check all *current* and *valid* qualifications you hold

NATIONALLY CERTIFIED INTERPRETER		
Certifying Entity:	RID <input type="checkbox"/>	NAD <input type="checkbox"/>
Level of Certification:		

STATE QUALIFIED INTERPRETER		
VQAS, or other state qualification or licensure		
State:	Level:	Expiration Date:

QUALIFIED EDUCATIONAL INTERPRETER		
Certificate Level:	Initial <input type="checkbox"/>	Permanent <input type="checkbox"/>
If <i>initial</i> , please provide the date of expiration:		
If <i>permanent</i> , please provide the date of issue:		
EIPA Score:		

PLEASE NOTE:

- * **APPLICANTS MUST PROVIDE VERIFICATION OF ALL QUALIFICATIONS. INCLUDE A COPY OF EACH WITH THIS APPLICATION.**
- * **ALL QUALIFICATIONS CHECKED WITH NO PROVISION OF VERIFICATION WILL BE DISMISSED AS INVALID.**
- * **APPLICANTS MUST INCLUDE THEIR PROFESSIONAL RESUME.**

WVCDHH STAFF WILL REVIEW ALL PROVIDED MATERIALS UPON RECEIPT. IF ACCEPTED:

- * **APPLICANTS MUST RENEW EVERY THREE YEARS, BEFORE THE DATE OF EXPIRATION TO AVOID REPAYING A PROCESSING FEE.**
- * **REGISTRATION IS AWARDED TO THE APPLICANT AND IS NOT TRANSFERABLE.**
- * **REGISTERED INTERPRETERS MUST NOTIFY THE COMMISSION OF ANY CHANGE OF NAME OR ADDRESS WITHIN THIRTY DAYS.**

Applicant Initials: _____ **Date:** _____