State of Connecticut
Aging and Disability Services
55 Farmington Avenue, 12th Floor
Hartford, CT 06105
DORS.Interpreting@ct.gov

CONNECTICUT INTERPRETER REGISTRATION FORM

* NOTE * Department of Rehabilitation Services (DORS) is now Department of Aging and Disability Services (ADS)

Instructions:
This pdf form can be submitted in two ways:

1. 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)

Section A:

☐ Mr. ☐ Mrs. ☐ Ms Name: _____
Last First Mi.

Address: _____City: _____ State: _____ZIP: _____

Telephone:_____Work: _____Fax:_____

Email: _____

Place of Employment: _____

Address: _____City: _____State: _____ZIP _____

Contact Person: _____

Telephone:_____Job Title: _____

Please list Current Interpreting Certifications:

☐ RID # _____
☐ NAD
☐ MCDHH
  ☐ Approved Deaf Interpreter
  ☐ Approved American Sign Language-English Interpreter
  ☐ Approved Sign Language Transliterator
☐ NONE

If you are not currently certified, please continue to **Section B**
If currently certified, please continue to **Section C**
If currently MCDHH screened, please continue to **Section D**

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Section B (NON - CERTIFIED):

If NOT currently certified, have you passed the NIC Written Knowledge Exam? ☐ **YES** ☐ **NO**

If **YES**, what is the expiration date of the exam? _____

☐ **Please include a copy of your RID-NAD NIC Knowledge Exam Notification Letter (with passing score) ****

If **NO**:

Have you completed an accredited Interpreter Training Program (ITP)? ☐ **YES** ☐ **NO**

If **YES**, please provide the following information:

Name of ITP: _____

Address: _____

City *State* *Zip*

Completion date: _____Degree received _____

☐ **Please include a copy of your Interpreter Training Program (ITP) degree**

Section C (CERTIFIED):

Please include the following:

☐ Copy of Current RID-NAD Membership Card

Section D (MCDHH SCREENED):

Please include the following:

☐ Copy of current MCDHH Identification Card

☐ Copy of MCDHH Approved Interpreter Screening Letter

In accordance with the State of Connecticut records retention policy and requirements imposed by audit reports, a copy verifying each certificate **must** 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.*