

Connecticut Interpreter Registration Form

Instructions:

This PDF form can be submitted in two ways:

1. Electronic – Please do not fill out the form without first downloading and saving the document to your computer. Email completed registration along with supporting documentation to ADS.Interpreting@ct.gov
2. Postal Mail - Printed and mailed to:
Aging and Disability Services
184 Windsor Ave. Windsor, CT 06095
Attn: Interpreter Registry

Forms submitted without complete documentation will not be accepted.

Please check everything is complete prior to sending!

Section A: Contact Information

Last Name: _____ First Name: _____ Mi. _____
Address: _____ City: _____ State: _____ ZIP: _____
Telephone: _____ Email: _____

Place of Employment: _____
Address: _____ City: _____ State: _____ ZIP: _____
Contact Person: _____ Job Title: _____
Telephone: _____ Email: _____

Please List Current Interpreting Certifications:

- ☐ RID # _____
- ☐ NAD _____
- ☐ Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH)
- ☐ Approved Deaf Interpreter
- ☐ Approved American Sign Language Interpreter
- ☐ Approved Sign Language Transliterators

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**

Section B (non-certified)

If NOT currently certified, Interpreters can still register if they have **BOTH** items listed below:

1. A copy of your NIC/CASLI Written Knowledge Exam Notification Letter. (With passing score) **
Expiration Date of Exam is: _____
2. A degree from an accredited Interpreter Training Program – Please provide the following information
 - a. Name of ITP: _____
 - b. Address: _____
City: _____ State: _____ ZIP: _____
 - c. Completion Date: _____
 - d. Degree Received: _____

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

Section C (certified)

Please include the following:

- ☐ Copy of Current Certification Letter from RID or Personalized Credly Badge Link or Copy of NAD Card

Section D (MCDHH Screened)

Please include **BOTH** items:

- ☐ 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 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 Aging and Disability 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/CASLI 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.