



# Rhode Island Commission on the Deaf and Hard of Hearing



## REGISTRATION (July 2009-June 2010)



**NON-LICENSED CERTIFIED AND STATE-SCREENED INTERPRETERS ONLY**  
(Up to 25 hours per year are allowed for non-licensed certified and state-screened interpreters to work in RI.)



NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Phone # (H): ( ) \_\_\_\_\_  
Phone # (W): ( ) \_\_\_\_\_  
Cellular #: ( ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Pager Address: \_\_\_\_\_

Type of Registry of Interpreter for the Deaf Certification in Interpreting (please circle):

NIC-Master    NIC-Advanced    NIC-Certified    NAD V    NAD IV    NAD III  
CT/CI    CI    CT    OTC    CDI    CSC    RSC    IC/TC    IC    TC    OIC

State Screened (Please put down the name of State): \_\_\_\_\_

Information on Job Assignment of Interpreting in the State of Rhode Island:

Date: \_\_\_\_\_

Nature of Assignment: \_\_\_\_\_

Location: \_\_\_\_\_

How Many Hours: \_\_\_\_\_

I attest that the information above is correct:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTION:** This form must be filled out 48 hours prior to EVERY job assignment. After the form is filled out, please either fax at 401-222-5736 or mail it to Interpreter Referral Specialist at RI CDHH, One Capitol Hill, Providence, RI 02886 or scan it with your signature on it and e-mail to [interpreter@cdhh.ri.gov](mailto:interpreter@cdhh.ri.gov).

This form subjects to the Rhode Island GENERAL LAWS, 5-71, "Interpreters for the Deaf".

OFFICE USE: \_\_\_\_\_ JOB NUMBER: \_\_\_\_\_