



Rhode Island Commission on the Deaf and Hard of Hearing



REGISTRATION (July 2015-June 2016)



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: _____

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

NIC (after 2011) 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 cdhh.interpreter@cdhh.ri.gov.

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

OFFICE USE: _____ JOB NUMBER: _____