

Kansas Commission for the Deaf and Hard of Hearing

REGISTRATION FORM

As per K.S.A. 75-4355b (et seq), all interpreters for the deaf, hard of hearing and speech impaired shall be certified by or registered with the Kansas Commission for the Deaf and Hard of Hearing. No person shall serve as an interpreter unless the Commission makes the determination that the person is qualified to interpret.



Full Name

Address

City

County

State

Zip Code

Home Phone

Work Phone

Cell/Pager

Email

Certification Information: Check all that apply (Please provide a copy of the certification.)

FULL REGISTRATION

KQAS	RID		NIC	BEI <i>(Issued after January 1, 2015)</i>
Certificate	Certificate		Certificate	Certificate
Level 5	CSC	OIC	NIC	Master
Level 4	CI/CT	IC/TC	NIC Adv.	Advanced
	IC	CLIP	NIC Master	
	CDI	TC		

Do you hold a specialty certificate e.g., SC:L, please list:

Do you hold any special endorsements, please list:

Do you provide Video Remote Interpreting (VRI) services? Yes No

Do you want to be listed as a VRI provider? Yes No

PROVISIONAL REGISTRATION

KQAS	BEI
Certificate	Certificate
3/3	Basic
3/4	
3/5	
4/3	
5/3	

K-12 INTERPRETER REGISTRATION

K-12	SCORE
EIPA	
ESSA	

K-12 interpreters who meets the full registration status may request to be listed on the K-12 registry.

If you are a community interpreter meeting the full registration status, would you like to be included on the K-12 registry?

Please indicate: Yes No

The following information provided will be posted on the KCDHH Website. Please be aware that all information provided below will be on the website for the public.

Name **County you live in**

Preferred way of Contact (phone, email, etc.)

Counties you are willing to travel to or work in:

Answers to the following questions are required. However, please indicate if each item can be shared with the public.

- | | | | | | | |
|---|--------------|--------|--------|------|-------|--|
| 1. How long have you been a professional interpreter? | | | | | | |
| 2. Did you graduate from the Interpreter Training Program? | Yes | No | | | | |
| 3. Select the highest degree you have completed. | AA | BA | MA | Ph.D | Other | |
| 4. If you are using a doing as business (DBA) designation for billing purposes, please provide your DBA name. | | | | | | |
| 5. Do you work with/for an interpreting agency?
If yes, which agency or agencies? | Yes | No | | | | |
| 6. If working through an interpreter agency, with whom should initial contact be made? | | | | | | |
| | You directly | Agency | Either | | | |

Release information?

- | | | |
|----|-----|----|
| 1. | Yes | No |
| 2. | Yes | No |
| 3. | Yes | No |
| 4. | Yes | No |
| 5. | Yes | No |
| 6. | Yes | No |

KCDHH will process your registration and you will be notified of your status. If you would like more information about registration, please call KCDHH at 785-368-8034, 1-800-432-0698, or VP 785-246-5077.