



I. APPLICANT INFORMATION

Completed by Applicant

| | | | |
|---|-------------|---------------|------------------------------------|
| Legal Name First | Middle Int. | Last | SSN Last 4 Digits Only |
| Home Address <i>Street, Box, City, State, Zip</i> | | Email Address | Telephone Area Code /No. |
| Name and Location of Institution | | Degree Earned | Date of Graduation <i>Mo./Year</i> |

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES

Completed by the Preparation Program and Returned to Applicant

1. Did the applicant complete your institution's interpreter training program?
 - a. Yes, *Interpreter Training Program Completion Date (mm/dd/yyyy):* _____
 - No, *Explain:* _____
2. **Supervised Field Experiences** *The applicant completed a practicum of at least 150 hours in grades PK-12 with a licensed educational interpreter assigned as a mentor.*

Yes No
3. **Course Work Completed** *The applicant has completed the following course work:*

Yes No Semester credits in the process of changing spoken English to ASL (voice-to-sign)

Yes No Semester credits in the process of changing spoken English to signed English (transliterating)

Yes No Semester credits in the process of changing signed text to spoken English (sign-to-voice)

Yes No Current practices for interpreters in educational settings

Yes No Ethical practices as it related to interpreters

III. CONFIRMATION SIGNATURE

I CONFIRM that the information provided above is accurate.

| | | |
|---|-----------------------------------|-------------------------------|
| Signature of Authorized Official ➤ | Name <i>Type or Print Legibly</i> | Date Signed <i>mm/dd/yyyy</i> |
| Position/Title | E-Mail Address | Telephone <i>Area/No.</i> |
| Program Name | | |