

DARS DHHS will use the information provided in this form to obtain criminal conviction records.

**Applicant Information**

Applicant's name:		Birth date:	Social Security number:		
Address:	City:	State:	ZIP code:	County:	

**Contact Information**

Daytime phone number:	Email address:
Cell phone number (optional):	Video phone number:

**Statistical Information**

Select one.

Gender:  Male  Female

Auditory status:  Deaf  Hard of hearing  Hearing

Ethnicity (select one):  Hispanic or Latino  Not Hispanic or Latino

Race (select all that apply):

<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	

**Qualifying Questions**

Select one.

1. Are you at least 18 years old?  Yes  No

2. Have you graduated from high school or passed the GED?  Yes  No

3. Highest level of education:

<input type="checkbox"/> High school diploma	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Master's degree
----------------------------------------------	-------------------------------------------	--------------------------------------------	------------------------------------------

4. Graduation from interpreter training program:  Yes  No

If yes, what program? \_\_\_\_\_ Graduation date: \_\_\_\_\_

5. Do you have a felony conviction?  Yes  No

If yes, what is the conviction date? \_\_\_\_\_

**Preferred Testing Site**

Exams must be supervised at an approved testing center at a college or university. Other locations must be approved in advance. Include the following information (below) about the facility in your request. **Failure to make prior arrangements with DHHS may result in the rejection of your exam application.** I want to take my test at the facility listed on the next page:

Institution:		Contact person:	
Address:		City:	State: ZIP code:
Telephone:	Fax number:	Contact person's email:	

**Proof of Identification**

You must present a current photo ID to take a test.

**Fee and Submittal Instructions**

**Enclose a check or money order payable to DARS DHHS for \$75 (for the fee).**

Mail this form and fee to **DARS DHHS**, PO Box 12306, Austin, Texas 78711.

**Code of Professional Conduct**

**Tenets**

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

The full version of the Code of Professional Conduct may be obtained from the DHHS office or the RID-NAD Web site at [www.rid.org](http://www.rid.org).

**Signature**

I attest that all information provided herein this application is accurate and true and agree to abide by the Code of Professional Conduct. I understand that my certificate is subject to suspension, revocation, or cancellation.

<b>X</b>	
Applicant's signature:	Date (mm/dd/yy):

This application is incomplete without the applicant's signature.

Office for Deaf and Hard of Hearing Services  
 4900 North Lamar, Suite 2169, Austin, Texas 78751  
 PO Box 12306, Austin, Texas 78711  
 (512) 407-3250 Voice or (512) 407-3251 TTY  
[www.dars.state.tx.us/dhhs](http://www.dars.state.tx.us/dhhs)