



**Division for Rehabilitation Services
Office for Deaf and Hard of Hearing Services
Interpreter Performance Tests**

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

Applicant Information

Applicant's name:		Birth date:	Maiden Name:		
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: Hispanic or Latino Not Hispanic or Latino

Race (select all that apply):

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

Qualifying Questions

Select one:

Have you passed the Test of English Proficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date?
Do you have a felony conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the conviction date?

Performance Tests

<input type="checkbox"/> Basic: Noncertified applicants must begin at this level, or interpreters currently certified BEI Levels I–II, SEE, MSS, or Oral are eligible for this level.	Enclose fee: \$125
<input type="checkbox"/> Advanced: Interpreters currently certified at BEI Levels I–III or Basic are eligible to attempt this level.	Enclose fee: \$150
<input type="checkbox"/> Master: Interpreters currently certified at BEI Levels III–V or Advanced are eligible to attempt this level.	Enclose fee: \$175

<input type="checkbox"/> Level III Intermediary: Noncertified applicants who are deaf are eligible for this level.	Enclose fee: \$50
<input type="checkbox"/> Level V Intermediary: Interpreters currently certified at BEI Level III Intermediary are eligible to attempt this level.	Enclose fee: \$50
<input type="checkbox"/> Signing Exact English (SEE): Noncertified applicants or any certified BEI interpreters are eligible for this level.	Enclose fee: \$80
<input type="checkbox"/> Oral Certificate—Basic: Noncertified applicants or any certified BEI interpreters are eligible for this level.	Enclose fee: \$80
<input type="checkbox"/> Oral Certificate—Comprehensive: Interpreters certified as OC:B are eligible to attempt this level.	Enclose fee: \$100
<input type="checkbox"/> Oral Certificate—Visual: Noncertified applicants who are oral deaf are eligible for this level.	Enclose fee: \$100
<input type="checkbox"/> Morphemic Sign System (MSS): Noncertified applicants or any certified BEI interpreters are eligible for this level.	Enclose fee: \$80

Preferred Testing Sites

A list of testing sites and dates is available at www.dars.state.tx.us/dhhs or by contacting the DHHS office.

First preference:	Date:
Second preference:	Date:

Fee and Submittal Instructions

1. Enclose a check or money order payable to **DARS DHHS** for the appropriate test fee listed above.
2. 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.

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.

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

The application is incomplete without the applicant's signature.

Office for Deaf and Hard of Hearing Services
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PO Box 12306, Austin, Texas 78711
(512) 407-3250 Voice or (512) 407-3251 TTY
www.dars.state.tx.us/dhhs