



**Division for Rehabilitation Services
Office for Deaf and Hard of Hearing Services
Annual Certificate Maintenance**

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

Certificate Holder Information

Certificate holder:		Birth date:	Maiden name:		
BEI certification number:		Certification level:			
Address:	City:	State:	ZIP code:	County:	
Do you have a felony conviction? (enter X to select):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is the conviction date?		

Contact Information

Daytime phone number:		Email address:			
Cell phone number (optional):		Video phone number:			
Publish information in DHHS registry?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Maintenance Method

Select one:	Enclose fee:
<input type="checkbox"/> Certificate Maintenance: Required before expiration date printed on certificate card.	\$50

Fee and Submittal Instructions

1. Make check or money order payable to **DARS DHHS** for the maintenance 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 in 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

Certificate holder's signature:

Date (mm/dd/yy):

The application is incomplete without the certificate holder's signature.

Office for Deaf and Hard of Hearing Services
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(512) 407-3250 Voice or (512) 407-3251 TTY
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