



**TEXAS**

Department of Assistive  
and Rehabilitative Services

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

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

**Certificate Holder Information**

Certificate holder's name:		Birth date:		
BEI certification number:		Certification levels:		
Address:	City:	State:	ZIP code:	County:
Do you have a felony conviction?	<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:	<b>Enclose fee:</b>
<input type="checkbox"/> <b>Certificate Maintenance:</b> Required before expiration date printed on certificate card.	\$80

**Fee and Submittal Instructions**

1. Enclose a 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 Web site at [www.rid.org](http://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**  
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)