

4. Update your availability information. Please indicate the days, hours, and locations which you are willing to work. Choose as many as apply.

1. Time & Day

Anytime (24/7) Mon-Fri 9am-5pm Mon-Fri 5pm-12am Mon-Fri 12am-9am
 Sat-Sun 9am-5pm Sat-Sun 5pm-12am Sat-Sun 12am-9am Other _____

Are you available to provide services via telephone during the times indicate above? Yes No

Sign Language interpreters only:

Are you available to provide services by video phone/relay during the times indicated above? Yes No

2. Locations (*If you only wish to work within a specific county or counties skip this section and complete section 3 below*):

In which of the following geographical areas of Pennsylvania are you available to provide services?
 (See attached map for a definition of the regions)

Statewide Southeastern Northeastern South-Central North-Central
 Southwestern Northwestern Central Eastern Western

3. Specific location, counties or areas only (*Please be specific. Do not use if you completed section 2 above*):

If you only wish to work within a specific number of counties, please list them below in order of preference:

5. Update educational information. Please indicate the highest educational level you have achieved and fill in the blank if applicable.

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Technical School _____ Field
<input type="checkbox"/> Bachelor's _____ Major	<input type="checkbox"/> Professional Certificate _____ Type
<input type="checkbox"/> Master's _____ Major	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Ph.D. _____ Major	

If you have completed any other seminar, workshop, program or training specific or relevant to the development of your interpreter skills, please describe it below and include the name, subject, date, and sponsoring organization or institution.

6. Update your working language(s). *List the languages you currently interpret in. If you are adding a language, please remember you will be classified and must be certified for each language you interpret according to program guidelines. List all languages in order of expertise.*

Languages you currently interpret:

1. _____ 2. _____ 3. _____

7. Accreditation update (Sign language interpreters only). *If you have completed additional skills certificates or levels of certification, please indicate your most recent level of accreditation, completion date, and attach a copy of the certificate and your RID identification card. Also include a printout of your ODHH registration profile.*

Issuing entity: _____ (RID, NAD, other) Date issued: _____

Type of document: Letter Certificate Member Card Expiration date: _____

Type of certificate: _____ (SC:L, CI/CT, CDI, CSC, CLIP-R, NIC, NAD 5, NAD 4, OTC, etc.)

Level: _____ (Written exam; entry, intermediate, advanced, superior, master, etc.)

Are you currently registered with ODHH and in compliance with Act 57? Yes No
(Please include a printout of your ODHH registration profile)

If no, explain: _____

8. Signature, authorization and date. *By signing below you attest that all information provided is true and correct as of the date printed in this form. If you are updating your availability and contact information, you are also authorizing the Interpreter Certification Program to post and publish this information. You may revoke this authorization at any time by contacting the ICP. Please contact the program if you have any questions about the completion of this form.*

Interpreter Signature

Date

Do not write below this line—Office use only

Date Stamp

ID _____

Status _____

Language _____

Type _____

Classification _____

Change date _____

Interpreter Certification Program Pennsylvania Regional Map

