**Reset Form**

INDIANA INTERPRETER CERTIFICATE APPLICATION FOR RENEWAL

Mail to:

DEAF AND HARD OF HEARING SERVICES - MS23

Family and Social Services Administration Division of Disability and Rehabilitative Services

P.O. Box 7083 Indianapolis, IN 4 07-7083

State Form (R / - )

Approved by State Board of Accounts, 0

*NOTE: Please fill this form in its entirety. Form can be submitted electronically to* *dhhshelp@fssa.in.gov**.*

RID Number

IIC Number

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| --- |
| Name of Applicant (*Last, First, Middle Initial*) |
| Address (*Number and Street*) | City | State and ZIP code |
| \*Email: | Primary Phone Number (Cell/VP)( ) | Text (Cell)( ) | County |

*\*Email address must be provided.*

Preferred Contact Method:

**Check only one**

 Email

 Primary phone

 Text only

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| INTERPRETING DOCUMENTATION |
| **Nationally Certified Interpreters** *Please attach a copy of the certificates or membership card.* [ ]  CI [ ]  CT [ ]  CSC [ ]  CDI [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NIC [ ]  NIC Advanced [ ]  NIC Master **NAD:**  [ ]  Level III [ ]  Level IV [ ]  Level V*Please attach a copy of your current National Certification verification.* |
| **Non- RID Certified Interpreters** Renewal for (check one): [ ]  Provisional [ ]  Community (grandfathered)Are you working as a freelance interpreter? [ ]  Yes [ ]  No Are you employed with an interpreting agency? [ ]  Yes [ ]  No |

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| AGREEMENT |
| I have read the IIC Code of Ethics and, if awarded the Indiana Interpreting Certificate, I agree to abide by each portion of it. I believe that all information provided above is true, correct, and complete to the best of my knowledge. <https://www.in.gov/fssa/ddrs/rehabilitation-employment/deaf-and-hard-of-hearing/indiana-interpreter-certification-program/iic-qualifications/>  |
| Signature of Applicant | Date (*month/day/year*) |

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| FOR OFFICIAL USE ONLY |
| Approved By | Date Issued (M/DD/YY) | Date Expires (M/DD/YY) | Certification Number | Certification Type | Check Number |