



Two-Year Provisional Form for Interpreters Deaf/Hard of Hearing

District name and number		
Person submitting form		
Address		
City	State	ZIP
Phone number		
Fax number		
email		

Submit these forms **electronically** to:

Mary Cashman-Bakken

email: mary.cashman-bakken@state.mn.us

Interpreter (One completed form for each interpreter)

Name		
Address		
City	State	ZIP
Phone number		
District number		
Fax number		
email		

1. Is the above-named interpreter certified?

Yes, Level 3 Level 4 Level 5
 Registry of Interpreters for the Deaf, Inc. (RID): Certificate of Interpretation (CI)
 Certificate of Transliteration (CT) National Interpreter Certification (NIC)
(attach copy of certificate)

No If no, an education plan must be developed with a mentor that includes on-site mentoring every seven (7) days and kept on file.

2. Did the interpreter graduate from an interpreter training program?
 Yes (attach copy of diploma dated Spring 2000 or later) No
3. Does the interpreter have a BA? Yes **(attach copy of diploma)** No
4. Does your district require technical assistance in finding a mentor? Yes No
5. Is the above-named interpreter applying for a non-renewable provisional two-year certificate?
 Yes No

Signature of District Representative _____ Date _____

Signature of Interpreter _____ Date _____