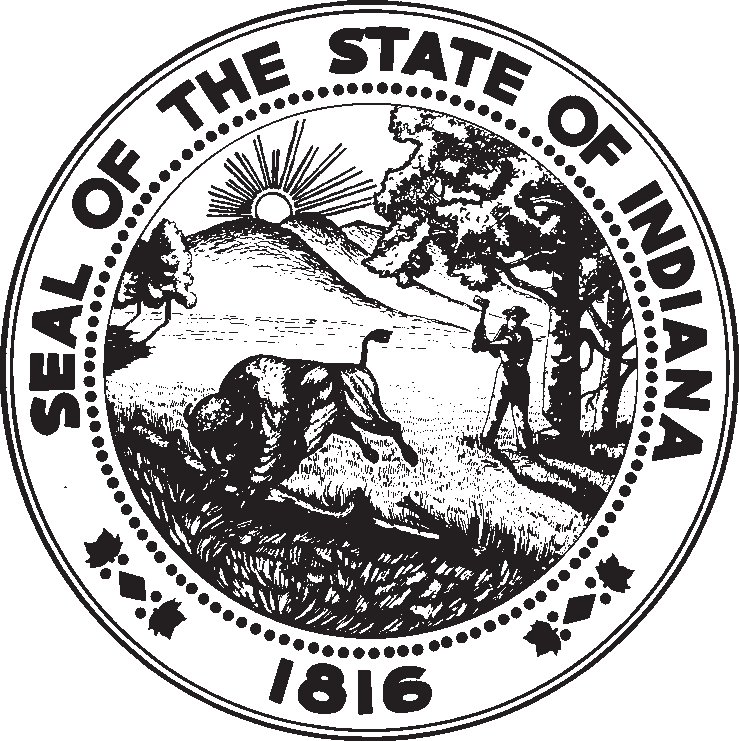
**Reset Form**

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*](mailto:dhhshelp@fssa.in.gov)*.*

RID Number

IIC Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

|  |
| --- |
| 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 |

|  |  |
| --- | --- |
| 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*) |

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