



Department of Human Services

Provisional Certification Application Form

Please submit the following:

1. COMPLETED APPLICATION
2. TRANSCRIPT COPIES SHOWING PROOF OF GRADUATION FROM A POST SECONDARY DEGREE PROGRAM OF TWO YEARS OR MORE ACCREDITED IN INTERPRETER PREPARATION OR INTERPRETER EDUCATION
3. AN INDIVIDUAL PLAN OF EDUCATION PREPARED BY A DEPARTMENT APPROVED MENTOR OUTLINING MENTORING, CONTINUING EDUCATION, & ATTENDANCE PLANS
4. THE PROVISIONAL CERTIFICATION FEE IN THE AMOUNT OF \$250

Full name: _____
Last Name First Name Middle Name Maiden Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Social Security Number: _____

Educational Institution where I received my Degree: _____
(please submit copy of transcript)

Graduation Date: _____ Type of Degree _____

Make check or money order payable to the Department of Human Services & submit to:

Janet Ball, Department of Human Services
Hillsview Properties Plaza, 3800 E. Hwy. 34, c/o 500 East Capitol
Pierre, South Dakota 57501-5070

I understand that this provisional certification will only be granted for up to five years and that I must be working towards national certification testing through mentoring and continuing education in an approved plan with the Department of Human Services. I must also register annually with the Department of Human Services and provide proof of continued education.

Signature

Date

If you have any questions please call: Janet Ball @ V/TTY (605) 773-4547 or email janet.ball@state.sd.us