Interpretation Registry Form

Initial Registration Application

In accordance with SDCL 1-36A-10.3, an interpreter may not accept financial reimbursement for interpreting services provided unless the interpreter is certified and registered with the Department of Human Services.

I understand that for the department to consider my registration I must:

1. Complete this application for initial registration

2. Have one of the following certifications:
   - RID certification
   - NAD Level III, IV, or V certification
   - EIPA (Educational Interpreter Proficiency Assessment) certification with a score of at least 3.5 on the performance test obtained not more than five years prior to the date of initial registration

3. submits the applicable fee:
   - $50 for nationally certified interpreter (RID, NAD, or EIPA)

Name: _____________________________________________

Last Name                        First Name                        Middle Name                        Maiden Name

Street Address: _______________________________                City/St/Zip: _______________________________

County of Residence: __________________________ Email Address: _______________________________

Home/Cell Phone Number: __________________________ Work Number: __________________________

Interpretation Certification Currently Held

(Attach a copy of your certificate and submit with this application)

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Level</th>
<th>Date Issued</th>
<th>Expiration Date</th>
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<tbody>
<tr>
<td>NAD</td>
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<tr>
<td>RID</td>
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<tr>
<td>EIPA (Educational Interpreter Proficiency Assessment)</td>
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Initial Registration – DRS 11/17
I UNDERSTAND:
1. THAT PURSUANT TO SDCL 1-36A ANY INTERPRETER RECEIVING REMUNERATION MUST BE REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES AND UPON RECEIVING MY REGISTRATION THE DEPARTMENT WILL PROVIDE ME WITH A CERTIFICATION FOR THE STATE OF SOUTH DAKOTA

2. THAT WORKING WITHOUT A VALID SOUTH DAKOTA CERTIFICATE IS A VIOLATION OF SDCL 1-36A AND PUNISHABLE BY A CLASS 2 MISDEMEANOR

Make check or money order payable to the Department of Human Services
Submit registration form, registration fee, and copy of current certification to:

Julie Paluch
Department of Human Services
Hillsvie Plaza, E. Hwy. 34
c/o 500 East Capitol
Pierre, South Dakota 57501-5070

In the performance of my duties as an interpreter for the Deaf,
I agree to abide by the laws of the State of South Dakota and to abide by the professional standards of the Code of Ethics for Interpreter

______________________________
Signature

______________________________
Date

If you have any questions please call: Julie Paluch @ V/TTY (605) 773-5301 or email julie.paluch@state.sd.us

Initial Registration – DRS 11/17