



South Dakota Department of Human Services

Annual Registration Form

Provisional Certification

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.

THE DEPARTMENT SHALL RENEW THE REGISTRATION OF ANY INDIVIDUAL WHO HOLDS A PROVISIONAL SOUTH DAKOTA CERTIFICATE IF THE INTERPRETER MEETS THE FOLLOWING REQUIREMENTS:

1. SUBMITS A COMPLETED INTERPRETER REGISTRATION FORM PROVIDED BY THE DEPARTMENT NO LATER THAN THE EXPIRATION DATE OF THE CURRENT CERTIFICATE. (FORM ENCLOSED)
2. SUBMITS DOCUMENTATION VERIFYING COMPLETION OF 25 CONTACT HOURS OF CONTINUED INTERPRETER EDUCATION OBTAINED WITHIN ONE CALENDAR YEAR PRIOR TO THE EXPIRATION DATE LISTED ON THEIR CURRENT SD PROVISIONAL CERTIFICATION CARD.
3. SUBMIT VERIFICATION SIGNED BY YOUR MENTOR DOCUMENTING 8 HOURS OF MENTORING PER MONTH.
4. SUBMITS THE APPLICABLE FEE OF \$35.

PERSONAL INFORMATION

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: _____

MENTORING & CONTINUING EDUCATION VERIFICATION INFORMATION

- Number of CEU hours submitted with this application: _____
(CEU hours must be obtained within one calendar year prior to your expiration date)
- Number of Mentoring hours (per month) submitted with this application: _____
(Mentoring hours must total 8 hours per month and signed by your mentor)

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, attendance certificates identifying 25 continued interpreter education contact hours and documented proof of mentoring hours signed by your mentor to:

**Julie Paluch
Department of Human Services
Hillsview 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 Code of Professional Conduct for interpreters.***

Signature

Date

**YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE OR IF
YOU DO NOT SEND THE REQUIRED INFORMATION**

**ANNUAL REGISTRATION APPLICATIONS WILL NOT BE PROCESSED IF THE APPLICATION IS SHORT ON
CONTINUING EDUCATION HOURS OR SHORT THE REQUIRED MENTORING HOURS AS INDENTIFIED IN
§ 46:31:03:04.**

**THIS APPLICATION MUST BE POSTMARKED OR RECEIVED PRIOR TO THE EXPIRATION DATE ON YOUR
CURRENT CERTIFICATION.**