

State of Connecticut

Aging and Disability Services 55 Farmington Ave. 12th Floor Hartford, CT 06105 ADS.Interpreting@ct.gov

2023 - 2024		
	New Interpreter	
	Registration Renewa	

Connecticut Interpreter Registration Form

Instructions:

This PDF form can be submitted in two ways:

- Electronic Please do not fill out the form without first downloading and saving the document to your computer. Email completed registration along with supporting documentation to ADS.Interpreting@ct.gov
- 2. Postal Mail Printed and mailed to the address listed above.

Forms submitted without complete documentation will not be accepted.

Please check everything is complete prior to sending!

Section A: Contact Information

Last Name:	First Name	:	Mi
Address:	City:	State:	ZIP:
Telephone:	Email:		
Place of Employment:			
Address:	City:	State:	ZIP:
Contact Person:	Jc	b Title:	
Telephone:	Email:		
Please List Current Interpr	· ·		
□ NAD			
	ssion for the Deaf and Hard of H	earing (MCDHH)	
		- · · · ·	
☐ Approved Dea	f Interpreter		
☐ Approved Ame	erican Sign Language Interpreter		
☐ Approved Sign	Language Transliterator		

If you are not currently certified, please continue to **Section B**If currently certified, please continue to **Section C**If currently MCDHH screened, pleased continue to **Section D**



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Section B	(non-certified)
If NOT curr	ently certified, Interpreters can still register if they have BOTH items listed below:
	opy of your NIC/CASLI Written Knowledge Exam Notification Letter. (With passing score) ** Diration Date of Exam is:
	legree from an accredited Interpreter Training Program – Please provide the following ormation a. Name of ITP: b. Address:
	City:State:ZIP:
	c. Completion Date:
	d. Degree Received:
	*** Please include a copy of your Interpreter Training Program (ITP) degree ***
	(certified) ude the following:
	Copy of Current Certification Letter from RID or Personalized Credly Badge Link or Copy of NAD Card
	(MCDHH Screened) ude <u>BOTH</u> items:
	Copy of Current MCDHH Identification Card
	Copy of MCDHH Approved Interpreter Screening Letter
each certificat	e with the State of Connecticut records retention policy and requirements imposed by audit reports, a copy verifying te <u>must be submitted annually.</u> Please check and submit all the following documentation that applies to you. Failure to of your credentials will result in you not being officially registered as a working interpreter in the State of Connecticut.
this registration understand the prescribed by	EQUIRED: By signing or typing my name on the signature line below, I am certifying that the statements made by me on on form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I nat if I knowingly make any misstatements of fact, I am subject to disqualification and to other such penalties as may be law. All statements made on this form are subject to verification. I also understand my name and certification status on the State of Connecticut Department of Aging and Disability Services website as a registered interpreter.
Signature:	Date:
	ed name will substitute for a handwritten signature

**Note: If the five (5) year period to take and pass the NIC/CASLI Performance Examination expires during the current state registration cycle, you must provide proof of obtaining certification to remain registered. If no such verification is submitted, your Connecticut state interpreter registration will expire on the date your written knowledge exam expires.