

**Department of Labor & Economic Growth
Division on Deaf and Hard of Hearing
QA State Interpreter Certification Program**

FEE SCHEDULE: Please indicate which payment is being submitted.

____ *\$30.00 for renewal with QA Log (C3 Account Code 8070)	____ *\$125.00 for Michigan residents (C3 Account Code 8090)
____ \$15.00 for QA Written Re-Test with Proctor Form (C3 Account Code 8060)	____ *\$175.00 for Non-Michigan residents (C3 Account Code 8050)

***Effective July 1, 2008, regardless of postmark date on envelope. Non sufficient funds (NSF) fees will apply.**

AUTHORITY: P.A. 204 OF 1982 and amended in June 2007 COMPLETION: Mandatory PENALTY: See Section 393.508b	BELOW FIVE BOXES FOR OFFICE USE ONLY!		
	DATE RECEIVED:	DATE SCHEDULED:	AMOUNT PAID: CHECK NUMBER:
	PERFORMANCE LEVEL ACHIEVED:		WRITTEN TEST ACHIEVED: DATE:

INSTRUCTIONS: Please complete the following information as accurately as possible. Type or print. Enclose the application fee* as required. **Make check payable to "State of Michigan"**.
Send check and application to: **MCDC-DODHH, Attn: Michigan QA Fees
201 N. Washington Square Suite 150, Lansing, MI 48913**

NAME:	E-MAIL ADDRESS:
ADDRESS (Street Number and Street Name):	CITY: STATE: ZIP CODE:

HOME PHONE (include area code): BUSINESS PHONE (include area code):	COMMUNICATION MODE PREDOMINANTLY USED: <input type="checkbox"/> ASL <input type="checkbox"/> SEE I,II <input type="checkbox"/> PSE <input type="checkbox"/> OTHER: _____
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CHECK SITUATIONS WHERE YOU HAVE INTERPRETED IN THE LAST THREE YEARS.

EDUCATIONAL LEGAL MEDICAL PLATFORM DEAF/BLIND MINIMAL LANGUAGE SKILLS (MLS)
 ADMINISTRATIVE SOCIAL RELIGIOUS INFORMAL OTHER(S): _____

MEMBERSHIP:

- MICHIGAN REGISTRY OF INTEPRETERS FOR THE DEAF (MIRID)
- NATIONAL REGISTRY OF INTERPRETERS FOR THE DEAF (RID)
- MICHIGAN DEAF ASSOCIATION (MDA)
- NATIONAL ASSOCIATION OF THE DEAF (NAD)
- BLACK DEAF ADVOCATES (BDA)
- DETROIT BLACK DEAF ADVOCATES (DBDA)
- NATIONAL ALLIANCE OF BLACK INTERPRETERS-DETROIT (NAOBI-DETROIT)
- NATIONAL ALLIANCE OF BLACK INTERPRETERS (NAOBI)
- NATIONAL ASSOCIATION OF THE DEAF BLIND (AADB)

ARE YOU FAMILIAR WITH THE CODE OF PROFESSIONAL CONDUCT AND GUIDELINES AS ESTABLISHED BY NAD-RID? YES NO

HAVE YOU COMPLETED AN INTERPRETER TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS IN BOXES TO THE RIGHT.	NAME OF PROGRAM:
	DATE OF GRADUATION:

ARE YOU CURRENTLY ENROLLED IN AN INTERPRETER TRAINING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE PROGRAM AND EXPECTED GRADUATION DATE.	NAME OF PROGRAM:
	DATE OF GRADUATION:

IS THIS YOUR FIRST APPLICATION TO QA? YES NO
 IF NO, GIVE LAST TIME YOU TOOK QA AND LEVEL ACHIEVED. DATE: _____ LEVEL: _____

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ THE MOST RECENT VERSION AND UNDERSTAND ALL OF THE GUIDELINES WITHIN THE QA INFORMATION PACKET WITH GUIDELINES OF THE QA PROCESS. MY SIGNATURE FURTHER DESIGNATES THAT I HAVE COMPLETED ALL BOXES AND ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE.	DATE:
APPLICANT'S SIGNATURE:	

***Payment will not be refunded and applications inactive beyond one calendar year will be discarded.**

Once you have submitted your application, fee, and passed the written test, please call the DODHH office at 1-877-499-6232 to schedule an appointment for performance testing. Confirmation paperwork, a map, and directions will then be sent to you.