



**NATIONAL CERTIFICATION
REGISTRATION/RENEWAL FORM
SIGN LANGUAGE INTERPRETER
CERTIFICATION PROGRAM**

Deaf Persons' Interpreters Act
1982 PA 204, as amended 2007

Department of Energy, Labor & Economic Growth
Michigan Commission on Disability Concerns
Division on Deaf and Hard of Hearing

OFFICE USE ONLY!

Charges will be added for Non-Sufficient Funds.

_____ \$30.00 for Legislatively Mandated Registration/Annual Renewal Fee. (C3 Account Code 8040)

INSTRUCTIONS:

- Type or print legibly with black or blue ink only. Provide a response or write "N/A" (Not Applicable).
- Enclose the appropriate renewal fee (no cash) and make payable to "State of Michigan":
Division on Deaf and Hard of Hearing
Attn: Nationally Certified Interpreter Registration/Renewal Fee
201 Washington Sq. Suite 150
Lansing, MI 48913
- Fees are not refundable except for circumstances set forth in the Regulations Governing the Practice of Interpreting as applied to 1982 PA 204, as amended 2007.
- Include all supporting documents as indicated on the checklist. Failure to complete the registration/renewal form in full or omit required documents may cause processing delays.
- Sign and date your renewal form where indicated. Registrations/renewals without a signature will not be processed.
- Keep a copy of your completed registration/renewal form.
- Additional information regarding Rules and Regulations can be found on our website (www.mcdc-dodhh.org) upon completion of the rules promulgation process.
- Once the registration/renewal information has been received and processed, your credentials will be updated online and a new national interpreter certification card will be sent to you.
- Submit legible copy of **all** current national interpreting credential(s) and/or proof of receipts from credentialing bodies.

SECTION I: REGISTRATION OR RENEWAL

By checking this box, I confirm this is my **first-time registration** within 30 days of receiving national certification.

By checking this box, I confirm my registration **renewal** has been submitted by the annual date of June 30th. For those awaiting the new card, please submit a copy of your receipt from the national office verifying current renewal.

SECTION II: CONTACT INFORMATION You must notify DODHH in writing of any contact information changes after filing this renewal form to receive any further information. Failure to notify DODHH of contact changes and subsequent failure to receive information does not exempt you from any liability in relationship to the Michigan Deaf Persons' Interpreters Act (PA 204 of 1982, amended in 2007). If you are not listed online, please contact our office immediately.

Your name and credentials will be listed in the Online Interpreter System as mandated by PA 204 of 1982, amended in 2007. Please check this box if you do **NOT** want your contact information disclosed.

| | | | |
|--|---------|---------------------------|------------------|
| I am currently listed correctly in the Online Interpreter Directory. There are no updates. | | | |
| My contact information needs to be updated with the following corrections. | | | |
| NAME (Last, First, Middle Initial): | | EMAIL ADDRESS: | |
| ADDRESS (Street Number and Street Name): | | CITY: | STATE: ZIP CODE: |
| COUNTY: | REGION: | ADDITIONAL CREDENTIAL(S): | |
| HOME PHONE (With Area Code): | | BUSINESS PHONE: | |
| CELL OR TEXT NUMBER: | | VIDEOPHONE: | |

CHECKLIST

- Completed registration/renewal form.
- Payment made out to "State of Michigan".
- Copies of **all** current national interpreting credential(s) and/or proof of receipts from credentialing bodies.

My signature indicates this form has been completed to the best of my knowledge and all documentation and the \$30.00 registration fee are included.

Print Name: _____

Signature of Applicant: _____ Date: _____

Mail registration/renewal form, payment, and supporting documentation to:

Division on Deaf and Hard of Hearing
 Nationally Certified Interpreter Registration/Renewal Fee
 201 N. Washington Square, Suite 150
 Lansing, MI 48913

(517) 335-6004/(877)499-6232

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

11/3/2009