

Bureau of Community and Health Systems PO Box 30664 ● Lansing, MI 48909 Telephone: (517) 335-1980

www.michigan.gov/bchs

LARA-BCHS-Qualified-Interpreter@michigan.gov

APPLICATION FOR A SUBSTITUTE EDUCATIONAL INTERPRETER OR A REGULARLY ASSIGNED EDUCATIONAL INTERPRETER NOT MEETING THE STANDARD (This Form Should NOT Be Used For Certification Renewal)

| Type or Print Clearly/Complete All Fields | | | | |
|--|-------------------------|---------------------|--------------------|-------------------------|
| First Name | Middle Name | | Last Name | |
| | | | | |
| U.S. Social Security # | <u> </u> | Date of Birth | | |
| | | | | |
| Address | | | | |
| | | | | |
| City | | State | Zip Code | County |
| | | | | |
| Telephone Number | | Email Address | | |
| | | | | |
| Please choose the Regions you may acc | | | | Decies VIII |
| ☐ All; ☐ Region I; ☐ Region II; ☐ Re | gion iii; LRegion iv | /; □ Region v; □ | _ Region vi; | Region vii; Region viii |
| ☐Out-Of-State | | | | |
| | | | | |
| List any other name or alias by which you ha | ve ever been known, in | cluding maiden na | me, if applicable: | |
| | | | | |
| | | | | |
| CHECK THE OBTAINED BY METHOD | | FOR OFFICE USE ONLY | | |
| | | Certificate # | | Drananada |
| Michigan Substitute/Underqualified Fee | \$30.00 7301-05 | Certificate # | | Processed: |
| ga.: Caboniaio, C.i.ao. quamica i co | 400.00 100.00 | | | |
| Select the application type: | | | | |
| Substitute Educational Interpreter | | | | |
| Regularly Assigned Educational Interpr | reter Not Meeting the | | | |
| Standard Standard | eter Not Meeting the | | | |
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| | | | | |
| Your check or money order, drawn from a U | S financial institution | | | |
| and made payable to the STATE OF MICHIGAN, must accompany | | | | |
| this request. DO NOT SEND CASH . Fees are non-refundable. | | | | |

BCHS-QI-9009 -UQAPP (6/21)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

| Are you 18 years of age or older? REQUIRED: Attach photocopy of valid government-issued ID. | ☐ YES ☐ NO | | | | |
|--|---|--|--|--|--|
| 2. I have the ability and will serve the public in a fair, honest and open manner. If I have he judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated of substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a Certification. | r the | | | | |
| 3. Have you ever been convicted of homicide, murder, manslaughter, criminal sexual cond in any degree, felonious assault or battery, armed robbery, extortion, larceny, embezzleme or elder exploitation? | | | | | |
| If you answer "yes" to this question, you must submit court records AND document current time you have the ability to, and are likely to, serve the public in a fair, hones are rehabilitated, or that the substance of the former offense is not reasonably related profession for which you are seeking a license. Documentation may include a certific applicable. | st, and open manner, that you ed to the occupation or | | | | |
| 4. Your name and credential(s) will be listed in the Michigan Online Interpreter System (MC on the above information. Do you want your contact information listed with your name and | | | | | |
| 5. If you are applying as a Regularly Assigned Interpreter Not Meeting the Standard, list th working for: Requested school year (Example: 2020-2021): | e school district(s) you will be | | | | |
| Required Additional Documents: Note: If you have received both an EIPA performance score of at least 4.0 and a pas examination you are not eligible to submit this application. | sing score on the EIPA written | | | | |
| Substitute Educational Interpreter Submit your EIPA performance exam scores showing that you earned a score of months. Submit evidence of attaining at least 12 hours of educational interpreter training valuest .2 CEUs (2 hours) in educational interpreting within the last 12 months. | | | | | |
| Regularly Assigned Educational Interpreter Not Meeting the Standard Submit your EIPA performance exam score showing that you earned a score of months. Submit evidence of attaining at least 12 hours of educational interpreter training to least .2 CEUs (2 hours) in educational interpreting within the last 12 months. The school for which you will be interpreting must submit the School District Requinterpreter Standards form. | within the last 12 months and at | | | | |
| CERTIFICATION | | | | | |
| I certify that the statements in this application are true and complete. I understate misrepresentation, or fraud may be cause for denial of my application, disciplinary law. I agree to abide by the NAD-RID Code of Professional Conduct, the EIPA Guideli Educational Interpreters, Version August 1, 2007, and will comply with the rules and and conduct of an interpreter. | action, or may be punishable by nes of Professional Conduct for | | | | |
| Applicant's Signature Date | | | | | |

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