



Working to Create Michigan's Future Today

MI BEI APPLICATION
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!
 WRITTEN TEST DATE:

SUCCESSFULLY
 COMPLETED: YES/NO

PERFORMANCE TEST
 DATE:

THIS IS A: APPLICATION for MI BEI all levels RE-TEST English Proficiency RE-TEST Performance
Fees: Please indicate which payment being submitted. Charges will be added for Non-Sufficient Funds.

_____ \$125.00 for New Application Michigan Resident. (C3 Account Code 8090)	_____ \$175.00 for New Application Non-Resident (C3 Account Code 8050)
--	--

_____ Balance owed from 2008 QA test interruption. (C3 Account Code 8090)	
---	--

INSTRUCTIONS:

- Type or print legibly with black or blue ink only. Provide a response or write "N/A" for Not Applicable.
- Enclose the appropriate application fee by check or money order (no cash) and make payable to "State of Michigan" US mail only to:
 Division on Deaf and Hard of Hearing
 Attn: MI – BEI Interpreting Certification
 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 checklist. Failure to complete application in full or omit required documents may result in this form being delayed for processing.
- All applicants must register for testing within one calendar year of your application; failure to do so will result in forfeiture of paid fees and require completion of a new application and payment of fees.
- It is recommended that you make a copy of your completed application for your files.
- The DODHH will send electronic confirmation that your application has been received. Please contact the DODHH if you have not obtained confirmation within 14 business days.
- Upon confirmation of your application please contact the DODHH to schedule your test (517) 335-6004 or (877) 499-6232.
- Sign and date your application where indicated. Applications without signatures will not be processed.
- Additional information about the requirements of the Deaf Persons Interpreters Act, 1982 PA 204, amended 2007, MCL 393.501, and related rules can be found on our website (www.michigan.gov/mdcr) upon completion of the rules promulgation process.

SECTION I: PERSONAL INFORMATION You must notify DODHH in writing of any contact information changes after filing this application to make sure that you continue to receive further correspondence from DODHH. 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 (1982 PA 204, as amended 2007, MCL 393.501 to 393.509).

NAME (Last, First, MI):	Maiden Name, Alias, Other Names Used:		
ADDRESS (Street Number and Street Name):	CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:	COUNTY:	DATE OF BIRTH:	
HOME PHONE (Include Area Code):	BUSINESS PHONE:		
CELL OR TEXT NUMBER:	VIDEOPHONE:		

SECTION II: VERIFICATION OF ELIGIBILITY				YES	NO
Are you 18 years of age or older?					
Do you have a high school diploma or General Education Development (GED) certificate?					
Have you ever held or do you currently hold a sign language interpreting license from another state? If yes, attach detailed explanation and documentation from all other states.					
Have you ever been convicted, found guilty or plead no contest to a felony. If yes, attach detailed explanation and documentation.					
Have you ever held or applied for a license, certification, registration, or interpreting permit that was denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined in any state, country or providence? If yes, attach detailed explanation and documentation. DATE(S): _____ LEVEL(S): _____ STATE(S): _____					
Have you ever been found in violation of the Deaf Persons' Interpreters Act 1982 PA 204, amended 2007					
SECTION III: PERSONAL HISTORY				YES	NO
Have you ever been found to be in violation of the NAD-RID Code of Professional Conduct through the formal grievance process established by RID? If yes, attach explanation.					
Is this your first application for testing under a Michigan certification system? If no, indicate last test date and level achieved. Date: _____ Level: _____					
Please list any RID, NAD, NIC, and EIPA credentials currently held and date obtained. A copy of these credentials must be attached.					
SECTION IV: EDUCATION - Attach a copy of unofficial transcript or a diploma to this application					
NAME OF INSTITUTION	Address, City, State, Zip	Graduation Date	Major / Degree Achieved	Interpreter Education Program?	
HIGH SCHOOL OR EQUIVALENT				<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLEGE OR UNIVERSITY				<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLEGE OR UNIVERSITY				<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLEGE OR UNIVERSITY				<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION V: PREFERRED TESTING SITE					
*All performance testing is currently taking place in Lansing until further notice					
LANSING	DETROIT **Written Only**				

SECTION VI: PERFORMANCE TEST

Note: The prerequisite for the MI BEI performance test is the successful passage of the MI BEI written Test of English Proficiency (TEP). You may not schedule a performance test until you have received results of passing the written test from DODHH. You will only need to take and pass the TEP once.

An individual without any type of certification must begin at MI BEI I (Level 1). No exceptions. Please select one test listed below. Persons failing any level will not be allowed to retest at the same level for a minimum of SIX months.

The test is pass/fail only. You WILL NOT be awarded ANY certification if you fail at that level

____ MI BEI LEVEL I – Non Certified Individuals must begin at this level. Interpreters holding QA I or QA II must begin at this level. It is recommended that QA III begin at this level but not required.

____ MI BEI LEVEL II – Individuals currently holding MI BEI I may begin at this level. QA III interpreters may also take this test though we recommend starting at MI BEI LEVEL I.

____ MI BEI LEVEL III – MI BEI II may start at this level. Nationally Certified Individuals may begin at this level.

SECTION VII: DIRECTORY INFORMATION

The Division is mandated to maintain a State Directory of all interpreters qualified to work in Michigan. At a minimum the Interpreter's name, credential(s), and expiration date(s) will be published online. If you DO NOT want your contact information displayed including e-mail address, home phone number, business number, cell phone number, and city, please check here. **DO NOT DISPLAY**

CHECKLIST OF ADDITIONAL DOCUMENTATION

____ Proof of High School graduation (Select 1: Diploma, GED Certificate, HS or College Transcripts).

____ Any documentation that verifies currently held professional interpreting credentials.

____ Summary and results of any interpreting disciplinary actions.

____ Additional information regarding any felony convictions.

____ Every item of certifying statements on page 4 signed. **Original signatures only**

____ Payment – check or money order. Made payable to "State of Michigan".

____ If you have previously taken and passed the written Test of English Proficiency attach the documentation to this application. Failure to attach proof will delay registration for the performance test.

- **Do not include additional documents not listed above. They will be discarded.**

SECTION VIII: APPLICATION SIGNATURE

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare that my answers, and all other statements or information submitted by me in this application process are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already certified.

Print Name: _____

Signature of Applicant: _____ Date: _____

US Mail only application, payment, and requested documentation to:

Division on Deaf and Hard of Hearing
Attn: MI – BEI Interpreting Certification
201 N. Washington Square, Suite 150
Lansing, MI 48913
(877)499-6232
(517) 335-6004

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

SECTION IX: CERTIFYING STATEMENTS

I certify that I am 18 years of age or older, and that I have completed a minimum of high school diploma or GED.

Signature of Applicant Date

I agree to hold in the strictest confidence all aspects of the confidential BEI testing materials that I am about to take. This includes, but is not limited to, content, topics, vocabulary, or identity of actors on the test DVDs. I understand that failure to adhere to this confidentiality commitment may result in denial or forfeiture of my application for certification and possible suspension or revocation of my current certification.

Signature of Applicant Date

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the period the application is pending. I consent to a reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

Signature of Applicant Date

I agree to follow the NAD-RID Professional Code of Conduct and to fully cooperate in any disciplinary reviews or fact finding investigation initiated by the Division on Deaf and Hard of Hearing.

Signature of Applicant Date

I hereby understand that the rules and regulations for 1982 PA 204 amended 2007 governing Sign Language Interpreters in Michigan are still awaiting promulgation. I agree that upon completion of promulgation that I will completely review the standards set forth in said document.

Signature of Applicant Date

I hereby understand that the rules and regulations for 1982 PA 204 amended 2007 governing Sign Language Interpreters in Michigan are still awaiting promulgation. I agree that upon completion of promulgation that I will amend this statement to indicate my receipt of the promulgated rules.

Signature of Applicant Date

I here by understand that MICHIGAN BEI REQUIRES CREDENTIALLED INTERPRETERS TO EARN CONTINUING EDUCATION UNITS or BEI units to maintain certification and pay a fee annually. The number of units required will be indicated in the promulgated rules and made available through the Division. Failure to submit the mandated fees or BEI units or both will result in certification lapse, late fees and / or will require re-test and may result in non-compliance as required by the Act.

Signature of Applicant Date

By signing below, I confirm that I have read the most recent version and understand all of the guidelines within the MI BEI information packet with guidelines of the MI BEI process. I understand my MI BEI certificate must be renewed annually.

Signature of Applicant Date

Division on Deaf and Hard of Hearing

POLICY FOR TEST APPLICATIONS, CREDENTIAL RENEWALS AND CREDENTIAL REGISTRATIONS FOR STATE OF MICHIGAN SIGN LANGUAGE INTERPRETERS

The Division on Deaf and Hard of Hearing (DODHH) does not accept test applications, credential renewals or credential registration paperwork or any payments in the DODHH office. This is for the safety and security of our staff and to assure that payments are properly accounted for as well as an accounting policy.

All DODHH test applications, credential renewals or credential registrations must be mailed through the US Post Office for processing and will be delivered to the State of Michigan mailroom. *Please use the mailing address listed on the respective forms, which is the DODHH mailing address. Once received at the mailroom the paperwork is then transferred to the State of Michigan Cashier's office for payment deposit and confirmation then sent to the DODHH office for final processing. PLEASE NOTE: This process can take up to 10 to 14 business days or more depending on state observed holidays.

*Sending paperwork through priority mail options may not expedite the total process.

Thank you for your cooperation and assistance.

Division on Deaf and Hard of Hearing

June 10, 2011