



For Division Use Only
Application Received: _____
DB _____
E _____
M/MH _____
L _____
Application Processed: _____

**MICHIGAN ENDORSEMENTS APPLICATION FORM**  
**Deaf Persons' Interpreters Act**  
**Qualified Interpreter-General Rules**

You are responsible for notifying the Division of changes in contact information after your initial application for Endorsements. Failure to update changes and subsequent failure to receive information does not exempt you from any liability under the Michigan Deaf Persons' Interpreter Act.

**APPLICANT INFORMATION**

LEGAL NAME (Last, First, Middle Initial) Click here to enter text.	Name (that you want listed on your card) Click here to enter text.
---	---

Please list previous names used (include any names by which you have been legally known and/or practiced professionally)  
 Click here to enter text.

ADDRESS (Street Number and Street Name) Click here to enter text.	COUNTY (Michigan residents only) Click here to enter text.
--	---

CITY Click here to enter text.	STATE Click here to enter text.	ZIP Click here to enter text.
-----------------------------------	---------------------------------	-------------------------------

PRIMARY PHONE (Required) Click here to enter text.	SECONDARY PHONE Click here to enter text.	E-MAIL ADDRESS (Required) Click here to enter text.
---	--	--

**MICHIGAN EDUCATION DEGREE REQUIREMENTS (R 393.031)**

Please note that Michigan requires proof of Associate's Degree or higher in any field from an accredited institution effective July 7, 2018.\*  
 \*Interpreters with valid national or state credentials will be exempt from the degree requirements if they received their Michigan certification prior to July 7, 2014 unless that certification lapsed for more than 30 calendar days.

**ENDORSEMENT INFORMATION**

Check which Michigan Endorsement you are applying for. The initial Endorsement fee is \$20, and each additional Endorsement fee is \$10.

<input type="checkbox"/> DeafBlind	<input type="checkbox"/> Educational	<input type="checkbox"/> Medical/Mental Health	<input type="checkbox"/> Legal
------------------------------------	--------------------------------------	--	--------------------------------

## PROFESSIONAL DEVELOPMENT ACTIVITIES

The Division will not credit any units that fall outside the initial 4 year credential cycle for each applicable Endorsement. Each unit must include a Certificate of Attendance or signed Letter of Attendance. Each Endorsement has different requirements. Please review the [Policies and Procedures for Michigan Certified Interpreters](#) for full details.

Course Title	Date (m/d/y)	CEU Type (DB/Educational/Medical/Legal)	Number of CEUs Earned
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.
Click here to enter text.	Click here to enter a date.	Choose an item.	Click here to enter text.

## ADDITIONAL REQUIREMENTS

Each Endorsement has various requirements that must be met depending on applicant eligibility. Each applicant has specific criteria which will determine the number of additional requirements necessary for their Endorsement application. Please use the checklist below to mark off all that **may** apply. For full details on Endorsement requirements and what applicants may be required to submit, please review Chapter 6.4 of the [Policies and Procedures for Michigan Certified Interpreters](#) for full details.

<p><b>6.4(A) DeafBlind:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of valid Michigan certification;</li> <li><input type="checkbox"/> Proof of .08 CEUs (8 hours) earned within a 4 year credential cycle</li> </ul>	<p><b>6.4(B) Educational:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of valid Michigan certification;</li> <li><input type="checkbox"/> 4.0 or higher EIPA Performance Score;</li> <li><input type="checkbox"/> EIPA written test;</li> <li><input type="checkbox"/> Proof of .08 (8 hours) CEUs earned within a 4 year credential cycle</li> </ul>	<p><b>6.4(D) Medical/ Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of valid Michigan certification showing qualifications to work in Michigan Standards Level 2 or 3 settings;</li> <li><input type="checkbox"/> Proof of Bachelor's Degree in any field;</li> <li><input type="checkbox"/> Proof of 2.0 CEUs (20 hours) earned within a 4 year credential cycle;</li> <li><input type="checkbox"/> Proof of English Competency test;</li> <li><input type="checkbox"/> Proof of completion of Skills Development Course</li> </ul>	<p><b>6.4(C) Legal:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of valid Michigan certification showing qualifications to work in Michigan Standard Level 3 settings;</li> <li><input type="checkbox"/> Proof of Bachelor's Degree in any field, or Associate's Degree in Interpreting, or High School Diploma;</li> <li><input type="checkbox"/> Proof of 2.0 CEUs (20 hours) earned within a 4 year credential cycle;</li> <li><input type="checkbox"/> Proof of completion of Court Orientation Training;</li> <li><input type="checkbox"/> Proof of English Competency test;</li> <li><input type="checkbox"/> Proof of completion of Skills Development course;</li> <li><input type="checkbox"/> All documentation of legal interpreting/mentoring experience;</li> <li><input type="checkbox"/> Four years post-initial certification interpreter experience</li> </ul>
---	--	---	--

## SIGNATURE

I attest that all information provided in this application is accurate and true. I understand that my certificate is subject to suspension, revocation or cancellation.

Original Signature \_\_\_\_\_

Date: [Click here to enter a date.](#)

## APPLICATION SUBMITTAL INSTRUCTIONS

Please send your application form, applicable fees (check or money order must be made payable to the State of Michigan), and all supporting documentation through US Mail to:

Michigan Department of Civil Rights  
Division on Deaf, DeafBlind and Hard of Hearing  
RE: Michigan Endorsement Application  
Capital Tower Building  
110 W. Michigan Ave., Suite 800  
Lansing, MI 48933

Total fees enclosed: \_\_\_\_\_  
Initial Endorsement, \$20  
Additional Endorsement (DeafBlind) Add \$10  
Additional Endorsement (Educational) Add \$10  
Additional Endorsement (Medical/Mental Health) Add \$10  
Additional Endorsement (Legal) Add \$10