



Bureau of Community and Health Systems  
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### MICHIGAN QUALIFIED INTERPRETER CERTIFICATION VERIFICATION REQUEST

Requestor's First Name		Middle Name	Last Name
Requestor's Email Address		Requestor's Telephone Number with Area Code	
List the name of the person whom you are seeking certification verification.		Michigan Certification Number (if applicable/known)	
Name / Association / US State Board to send certification verification to (Recipient)			
Street Address to send certification verification to (Recipient)			
City		State	Zip Code
How do you want verification sent to recipient: (Check <b>ONLY ONE</b> ) <input type="checkbox"/> EMAIL <input type="checkbox"/> US POSTAL SERVICE (Email is the preferred method)		If sending via email, list recipient's email address here	
LICENSE TYPE		FOR OFFICE USE ONLY	
<input type="checkbox"/> Michigan Qualified Interpreter 7300-51  <p style="text-align: center;"><b>FEE PAYMENT INFORMATION</b></p> <p>Submit a <b>\$35.00 fee and a separate form</b> for <b><i>EACH</i></b> request and mail to LARA/BCHS, Qualified Interpreter: PO Box 30664, Lansing MI 48909.</p> <p>Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b>, must accompany this request.</p> <p><b>DO NOT SEND CASH.</b> Fees are non-refundable.</p>			