



Application Received: _____ Credential and Initial MI Certification Dates <input type="checkbox"/> BEI _____ <input type="checkbox"/> EIPA _____ <input type="checkbox"/> RID _____ BEI 4 Year Test Cycle Expiration Date: _____ Application Processed: _____

MICHIGAN INTERPRETER CERTIFICATION APPLICATION FORM

APPLICANT INFORMATION			
You are responsible for notifying the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, of changes in your contact information after your initial application for Michigan certification. Failure to update changes and subsequent failure to receive information does not exempt you from any liability under the Michigan Deaf Persons' Interpreter Act.			
<input type="checkbox"/> This is a first time application.		<input type="checkbox"/> This is an annual renewal.	
NAME (First, Middle, Last)			
Please list previous names used (include any name by which you have been legally known and/or practiced professionally under)			
ADDRESS (Street Number/Name)		COUNTY (Michigan residents only)	
CITY	STATE	ZIP	
PRIMARY PHONE (Required)		E-MAIL ADDRESS (Required)	
DO YOU HAVE A FELONY CONVICTION? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation with this application.			
Do you work for a VRI company doing business in Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include VRI company name: _____ If yes, has your company complied with Michigan VRI Standard requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your name and credential(s) will be listed in the Michigan Online Interpreter System based on the above information. (<i>Mandatory per MCL 393.508(2)</i>) Please choose the Regions you may accept assignments for: <input type="checkbox"/> All; <input type="checkbox"/> Region I; <input type="checkbox"/> Region II; <input type="checkbox"/> Region III; <input type="checkbox"/> Region IV; <input type="checkbox"/> Region V; <input type="checkbox"/> Region VI; <input type="checkbox"/> Region VIII; <input type="checkbox"/> Region VIII <input type="checkbox"/> Check here if you do not want your contact information listed with your name and credentials.			
MICHIGAN EDUCATION DEGREE REQUIREMENTS (<i>MCL 393.5031</i>)			
Please note that effective July 7, 2018, Michigan rules require completion of Associate Degree or higher in any field from an accredited institution.*			

CODE OF PROFESSIONAL CONDUCT TENETS

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

The full version of the Code of Professional Conduct may be obtained from the Division office or from the RID website at www.rid.org.

SIGNATURE

I attest that all information provided in this application is accurate and true and agree to abide by the Code of Professional Conduct. I understand that my certificate is subject to suspension, revocation, or cancellation.

Applicant Signature: _____ Date: _____

Applications will **NOT** be processed without the certificate holder's original signature and required documentation and payment.

FEES

Please choose all applicable fees and ensure the full amount is reflected on your check or money order made payable to the State of Michigan. For full details on late fees and reinstatement fees, please review the [Policies and Procedures for Michigan Certified Interpreters](#).

\$30 Michigan Certification Annual Renewal Fee \$45 Late Michigan Certification Renewal Fee \$125 Reinstatement of Michigan Certification Fee

APPLICATION SUBMITTAL INSTRUCTIONS

Please send your application, payment, copy of valid government issued ID, and all supporting documentation through US Mail to:

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
PO Box 30670
Lansing, MI 48909

BPLHelp@michigan.gov
517-373-8068