



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

APPLICANT INFORMATION			
You are responsible for notifying the Division of changes in contact information after your initial applications 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.			
LEGAL NAME (Last, First, Middle Initial)		Name (that you want listed on your card)	
Please list previous names used (include any names by which you have been legally known and/or practiced professionally)			
ADDRESS (Street Number and Street Name)		COUNTY (Michigan residents only)	
CITY	STATE		ZIP
PRIMARY PHONE (Required)	SECONDARY PHONE		E-MAIL ADDRESS (Required)
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

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

APPLICATION SUBMITTAL INSTRUCTIONS

Please send your application form, applicable fees (check or money order 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
 Cadillac Place
 3054 W. Grand Boulevard, Suite 3-600
 Detroit, MI 48202

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