

**KANSAS QUALITY ASSURANCE SCREENING FOR INTERPRETERS  
WRITTEN TEST APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ TTY \_\_\_\_\_ YES/NO

PHONE (WORK) \_\_\_\_\_ TTY \_\_\_\_\_ YES/NO

EMAIL: \_\_\_\_\_ CELLULAR/PAGER: \_\_\_\_\_

Application (\$20.00) and written test fee (\$30.00) of \$50.00\*. You may submit one payment of \$50.00 to cover both fees. Check, cashier check or money orders is accepted. We cannot accept cash or credit card. Please mail this completed information and payment to:

**Kansas Commission for the Deaf and Hard of Hearing  
915 SW Harrison, 9N  
Topeka, Kansas 66612  
785.368.8034 V  
1.800.432.0698 V/TTY  
1.785.368.8046 TTY**

Upon receipt of payment and application, you will be notified as to the location of your written test.