

# REGISTRATION FORM

Please mail to **KCDHH, 915 SW Harrison, 9N, Topeka, Kansas 66612**. Your registration will be effective upon receipt by KCDHH. If you would like more information about registration or evaluation procedures, please call KCDHH at (785) 368-8034 V/TTY or 1-800-432-0698 V/TTY. Thank You!

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:  
(\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Pager:(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

***The following information provided will be posted on the registry database and for the public:***

Preferred Contact Information (for public use): \_\_\_\_\_

Area of speciality: \_\_\_\_\_

How long in the interpreting profession? \_\_\_\_\_

Do you have KS Legal Endorsement? \_\_\_\_ Yes \_\_\_\_ No

Graduate of Interpreter Training Program? \_\_\_\_ Yes \_\_\_\_ No

If yes circle type of degree: A.A. B.A. M.A. Where: \_\_\_\_\_

Year completed: \_\_\_\_\_

**Certification Information (If you are not KQAS certified, a copy of certification is REQUIRED)**

**(INCLUDE DATE ISSUE AND EXPIRATION DATE)**

<b>KQAS</b>		<b>RID</b>	<b>NIC</b>
Level 5 _____	CSC ____	IC/TC _____	NIC _____
Level 4 _____	CI/CT ____	CLIP _____	NIC Advanced _____
Level 3 _____	IC _____	TC _____	NIC Master _____
Level 2 _____	CDI ____		
Level 1 _____	OIC _____		

**OTHER:** \_\_\_\_\_

*i.e., SC: L, EIPA, etc.*

*Revised June 28, 2007*