

# Mississippi Interpreter Registration Application

Return your completed application to: **MDRS Attention: Denee Smith P.O. Box 1698, Jackson, MS 39215-1698.** If you have any questions, you may call 601-898-7057, or email us at [bchalk@mdrs.state.ms.us](mailto:bchalk@mdrs.state.ms.us). Please follow the instructions and include all the information and documentation requested in order to handle your registration as quickly as possible.

## Fees

Regular Registration (2 Years) .....	\$25.00	Registration Card Replacement .....	\$10.00
Student Registration (2 Years).....	\$25.00	Late Registration Renewal Fee.....	\$10.00
Provisional Registration (1 Year).....	\$20.00	Returned Check Fee.....	\$30.00
Out-of-State Registration (2 Years).....	\$35.00		

## Section A: Personal Data - Complete this Section for all Registrations:

Mr. Name: \_\_\_\_\_  
 Mrs. Address: \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Miss City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dr. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

## Section B: Regular Registration - For Regular Registration complete Sections A, B and F:

I currently hold the following credentials:

RID Certification Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
NAD Certification Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MS QA Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Section C: Out-of-State Registration - For Out-of-State Registration complete Sections A, C, F and G:

I currently hold the following credentials:

RID Certification Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
NAD Certification Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
MS QA Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you do not hold any of the above, please list your credentials, the state in which they are valid, and the expiration date. Please sign the Release of Information on the back of this application. Other information such as the contact person and office to verify them will speed the verification process.

## Section D: Student Registration - For Student Registration complete Sections A, D and F:

I am currently enrolled in an Interpreter Training Program at the institution listed here:

College Name and Location \_\_\_\_\_  
Student Classification \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_  
Name \_\_\_\_\_  
School \_\_\_\_\_

By my signature, I verify that above named student is enrolled in the Interpreter Training Program where I instruct. I further certify that I am registered according to the requirements of the Mississippi Interpreter Registration Law.

Instructor's Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Section E: Provisional Registration - For Provisional Registration complete Sections A, E and F:

**Section 4-3, Provisional Registration; Rules and Regulations; Interpreter Registration Law**

(a) Provisional registration may be granted to an applicant when one of the following occurs:

(1) the deaf would be left without any interpreting service.

(2) an undue hardship would be put upon the school or agency because of the loss of interpreter services.

On an 8 x 10 sheet of white paper, please write a statement indicating which of the above conditions you meet to qualify for Provisional Registration. Sign the paper and attach it to your application. If you are uncertain as to which you qualify for, please call **The Office of Deaf and Hard of Hearing** for clarification. You may also attach a letter from your supervisor stating the need of the agency or school as support for your application.

Section F: Signature - Please read the following, and then sign and date the application:

By my signature, I certify the information I have provided is true and accurate to the best of my ability and knowledge. Further, if I am applying for Student Registration, I grant permission to my instructor to verify my student status in the ITP of my college, and to ODHH to store such documents as necessary to substantiate these claims. I acknowledge that I am aware that a Student Registration does not authorize me to work as a professional interpreter while still a student, but permits me to do limited interpreting as part of my training. If I should drop out of Interpreter Training before graduation, I will return my Student Registration credentials to ODHH.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Section G: Out-of-State Signature - Complete the following Release of Information:

Agency/Office Holding your Credentials \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_

You are hereby authorized to verify my current Interpreter Credential Level and to provide supporting documentation to the Office of Deaf and Hard of Hearing, MS Dept. of Rehabilitation Services, P.O. Box 1698, Jackson, MS 39215-1698.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness

Instructions

1. All applicants should complete the personal data section (Section A), then complete the other sections that applies to their situation and credential level.
2. Please make a photocopy of your Driver's License or other Picture ID that shows your correct current residence along with the documentation of your credentials as an interpreter. Examples of this might be MS QA Card, NAD Certification Card or certificate, or RID Certification Card or certificate. If you are registering as an Out-of-State Interpreter, it might include your state Licensure, your state QA Card or possibly others. For Out-of-State, Mississippi will recognize equal or higher assessments of your skills. All Out-of-State documentation will be verified and every effort made to determine if it meets the equal or higher requirement.
3. For Provisional Registration, you must write a statement indicating which of the two conditions you meet for Provisional Registration and why you meet them. If you work for a school or agency, a letter from your supervisor will help to document and support your application. You may attach additional papers and/or letters to your application.
4. Please read the statement and sign and date Section F.
5. Out-of-State Registrants must sign the Release of Information and have someone witness their signature.
6. Send your completed application, photocopy of your documentation, any additional papers and letters supporting your application, along with the necessary fees (certified or cashier's check or money order) payable to: MDRS.