

# Mississippi Interpreter Registration Application

## 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 that shows your correct current residence and student ID if applying for student registration along with the documentation of your credentials as an Interpreter. Examples of this might be MS QA Card, NIC Certification Card, or RID Certification Card or certificate.
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 (see section D, A1 and A2). If you work for a school or agency, or 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 E.
5. Send your completed application, photocopy of your documentation, any additional papers and letters supporting your application, along with the necessary fees (check or money order) payable to: MDRS.

Return your completed application to: **MDRS Attention: Ben Wagenknecht 3895 Beasley Road, Jackson, MS 39213.** If you have any questions, you may call 601-898-7056, or email us at [bwagenknecht@mdrs.ms.gov](mailto:bwagenknecht@mdrs.ms.gov) Please follow the instructions and include all the information and documentation requested in order to handle your registration as quickly as possible. **Make Check or Money Order payable to MDRS.**

### 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 and Employment Data - Complete this Section for all Registrations:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_

Section B: Regular Registration and Out of State Registration - Complete Sections A, B and E:

I currently hold the following credentials:

RID Certification Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NIC Certification Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

MS QA Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Credentials: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Section C: Student Registration - For Student Registration complete Sections A, C and E:

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

College Name and Location

Student Classification

Anticipated Graduation Date

Further, if I am applying for Student Registration, I grant permission to my ITP Coordinator to verify my student status in the ITP of my college, and to ODHH to store such documents as necessary to substantiate these claims. If I should drop out of Interpreter Training before graduation, I will return my Student Registration credentials to ODHH.

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

Coordinator's Signature

Telephone Number

Date

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

**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.*

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 E: 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.

Applicant's Signature

Date