

Office for Deaf and Hard of Hearing Services (DHHS)

Test of Spanish Proficiency

HHS DHHS will use the information provided in this form to obtain criminal records.

Applicant Information

Applicant's Name:		Birth Date:	Social Security No.:	
Street Address:	City:	State:	ZIP Code:	County:

Contact Information

Daytime Phone No.:	Cell Phone No. (optional):	Video Phone No.:
Email Address:		

Statistical Information

Gender: ☐ Male ☐ Female

Auditory status: ☐ Deaf ☐ Hard of Hearing ☐ Hearing

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (select all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Qualifying Questions

- Are you at least 18 years old? ☐ Yes ☐ No
- Have you graduated from high school or passed the GED? ☐ Yes ☐ No
- Highest level of education: ☐ High School ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree
- Have you ever been enrolled in an interpreter training program? ☐ Yes ☐ No
If yes, what program? Enrollment Dates:
- Are you currently a certified interpreter? ☐ Yes ☐ No
If yes, indicate your certification level: **Note:** Attach copy of valid certificate card.
- Do you have a felony conviction? ☐ Yes ☐ No If yes, what is the date of the conviction?

Approved Testing Site

Exams must be supervised at an approved testing center. I would like to take my test at the following location: ☐ El Paso ☐ Austin

Proof of Identification

You must present a current photo ID to take a test.

Fee and Submittal Instructions

- Complete and sign the form.
- Enclose a check, cashier's check, or money order payable to **HHS DHHS** for \$95 (for the fee).
- Attach a copy of current certificate card.
- Mail this form, copy of a valid photo ID, and the fee to DHHS.
- Allow 30 days for processing. The BEI office will contact you using your email address.

Code of Professional Conduct

Tenets

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

The full version of the Code of Professional Conduct may be obtained from the DHHS office or the Registry of Interpreters for the Deaf, Inc. website at <http://www.rid.org>.

Accommodation Request

A disability is a physical or mental impairment that substantially limits one or more major life activities. Do you have a disability or mental impairment that requires accommodation? ☐ Yes ☐ No

If you have a disability and need a reasonable modification, DHHS will make every effort to accommodate your needs. Please fill out a Reasonable Modification Request form, gather proper documentation that describes the nature of your disability and modifications you request, and submit both with this application.

If you are requesting an accommodation, please see Chapter 1: BEI General Interpreter Certification Policies and Procedures, 1.4 Accommodation Request.

Signature

I attest that all information provided in this application is accurate and true and agree to abide by the Code of Professional Conduct. I understand that my certificate is subject to suspension, revocation or cancellation.

Applicant's Signature:

Date:

The application is incomplete without the applicant's signature.

HHS, Office for Deaf and Hard of Hearing Services
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(512) 438-4880 Voice or (512) 410-1386 VP