



**Illinois Deaf and Hard  
of Hearing Commission**

**Board for Evaluation of Interpreters  
(BEI)**

**Performance Test Application**

**BEI** (The following information includes testing in Illinois and other states)

First Attempt	Retake	<b>If retake:</b> Date?	<b>If retake:</b> In what state?
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**Applicant Information** (address must be your permanent residence and match your driver's license)

Name:(First & Last)	Maiden/Previous Name:	Birth date:		
Street address:	City:	State:	ZIP code:	County:
Daytime phone number:	Email address:			

Are you planning to interpret in the education K-12 setting?  
Yes                  No

**Qualifying Questions**

1. Have you passed the BEI Test of English Proficiency (TEP)? (attach a copy with application)	Yes	No
2. Are you at least 18 years old?	Yes	No
3. Have you graduated from high school or passed the GED?	Yes	No

**BEI Performance Tests**

See the *IL BEI Manual Section 5.5* to know which test you are eligible to take.

(Advanced and Master candidates must attach a copy of current **qualifying** certification.)

**Basic** (\$250 fee) **Advanced** (\$275 fee) **Master** (\$300 fee) **Out of State Resident** (\$35)

**Fee and Submittal Instructions**

1. Complete and sign the form.
2. Attach a copy of your TEP results.
3. Advanced or Master Performance Test Applicants: Attach a copy of your current qualifying certification. (See IL BEI Manual Section 5.5)
4. Make an electronic payment via E-Pay at  
<https://magic.collectorsolutions.com/magic-ui/Login/il-dhhc>
5. Send form via US Mail, email, or fax to:

**IDHHC**

528 South 5<sup>th</sup> Street, Suite 209

Springfield, Illinois 62701

FAX: 217-557-4492

[Dhh.interpreter@illinois.gov](mailto:Dhh.interpreter@illinois.gov)

**Scheduling Testing Appointment**

All testing will be conducted at the IDHHC office in Springfield, Illinois.

Once IDHHC receives and processes the fee and application form, IDHHC will send the candidates an acknowledgement and information regarding scheduling a testing appointment. All correspondence will be sent via email unless applicant requests otherwise.

Further information regarding the performance test can be found on IDHHC's website. <https://www2.illinois.gov/idhhc/licensure/Pages/Certification.aspx>

**Signature**

I attest that all information provided in this application is accurate and true and agree to abide by the IL BEI Manual or the Illinois Interpreter for the Deaf Licensure Act of 2007 which requires anyone providing interpreting services to have a license. (Certification is not a license to practice interpreting.) I understand that my certificate is subject to suspension, revocation, or cancellation.

Applicant's signature: \_\_\_\_\_

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

**X**\_\_\_\_\_

**This application is incomplete without the applicant's signature.**

***ALL FEES ARE NON-REFUNDABLE.***

**Illinois Deaf and Hard of Hearing Commission**

528 South 5<sup>th</sup> Street, Suite 209

Springfield, IL 62701

Voice: (217) 557-4495 or (877) 455-3323

Video Phone: (217) 303-8010

TTY: (888) 261-2698

<http://www.idhhc.illinois.gov>