



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

First Attempt	Retake	If retake: Date?	If retake: 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

Statistical Information

Gender:	Female	Male	
Auditory Status:	Deaf	Hard of hearing	Hearing
Highest level of education:	High school diploma	Associate degree	
	Bachelor's degree	Master's degree	
Graduated from interpreter training program: If yes, what program?	Yes	No	Graduation date:

Qualifying Questions

1. Are you at least 18 years old?	Yes	No
2. Have you graduated from high school or passed the GED?	Yes	No

Fee and Submittal Instructions

1. Complete and sign the form.
 - a. Make an electronic payment of \$80 for TEP via Epay at <https://magic.collectorsolutions.com/magic-ui/Login/il-dhhc>
 - b. (Out of state residents will be charged an additional \$35 application fee)**
2. Send completed form via US Mail, email, or fax to:

IDHHC

528 South 5th Street, Suite 209

Springfield, Illinois 62701

FAX: 217-557-4492

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 Test of English Proficiency 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 and 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 5th 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>