



Applicant Information

Name:	Maiden/Previous Name:	Birth date:		
Street address:	City:	State:	ZIP code:	County:
Daytime phone number:	Email address:			

Statistical Information

Gender:	Male	Female	
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:	Yes	No	
If yes, what program?	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
3. Have you completed your 8 contact hours on Ethics (RID Code of Professional Conduct) and 8 contact hours on the role and responsibilities of Certified Deaf Interpreters? (attach copies of certificates with application)	Yes	No

Fee and Submittal Instructions

1. Complete and sign the form
2. Process \$80 electronic payment via E-Pay at <https://magic.collectorsolutions.com/magic-ui/Login/il-dhhc>
(Out of state residents pay an additional \$35 fee.)
Attach copies of the certificates with the required 8/8 contact hours. See Section 1515.50 b) of the Interpreter for the Deaf Licensure Act Rules

3. Send 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 taken in a written English format and 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 Deaf Interpreter Knowledge Based 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 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>