State of Connecticut
Department of Rehabilitation Services
55 Farmington Avenue, 12th Floor
Hartford, CT 06105
(860) 424-5055 (voice)/ (860) 424-4850 (fax)
dors.interpreting@ct.gov

CONNECTICUT INTERPRETER REGISTRATION FORM

Instructions:
This pdf form can be submitted in two ways.
*The form can be saved (use Save as) and e-mailed with any supporting documentation to:dors.interpreting@ct.gov (forms submitted without complete documentation will not be accepted).

*All the information can be typed into the form, a copy printed and then mailed to the address listed above with all supporting documentation. (Forms submitted without complete documentation will not be accepted.)

Section A:

☐ Mr. ☐ Mrs. ☐ Ms. Name: _____
Last First Middle

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Work: _____ FAX: _____

Email: _____

Place of Employment: _____

Address: _____

Contact Person: _____

Telephone: _____ Job Title: _____

Please list Current Interpreting Certifications:
If none, please enter "none"

RID: _____

NAD: _____

If you are not currently certified, please continue to section B.

If currently certified, please continue to section C.

Section B:
If NOT currently certified, have you passed the NIC Written Knowledge Exam? ☐ Yes ☐ No

If Yes, what is the expiration date of the exam? _____

If No:

Have you completed an accredited Interpreter Training Program (ITP)? ☐ Yes ☐ No

If Yes, please provide the following information:

Name of ITP: _____

Address: _____
Include city, state, zip

Completion date: _____ Degree received: _____

Section C:

In accordance with the State of Connecticut records retention policy and requirements imposed by audit reports, a copy verifying each certificate **must** be submitted annually.

Please check and submit all of the following documentation that apply to you. Failure to provide proof of your credentials will result in you not being officially registered as a working interpreter in the State of Connecticut.

If currently certified:

Copy of current RID-NAD Membership Card

OR

If not currently certified:

Copy of your Interpreter Training Program (ITP) degree

AND

Copy of your RID-NAD NIC Knowledge Exam Notification Letter (with passing score)**
**Note: If the five (5) year period to take and pass the NIC Performance Examination expires during the current state registration cycle, you must provide proof of obtaining certification to remain registered. If no such verification is submitted, your Connecticut state interpreter registration will expire on the date your written knowledge exam expires.

SIGNATURE REQUIRED: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this registration form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and to other such penalties as may be prescribed by law. All statements made on this form are subject to verification. I also understand my name and certification status will be posted on the State of Connecticut Department of Rehabilitation Servicesôwebsite as a registered interpreter.

Signature: _____ Date: _____
Note, a typed name will substitute for a handwritten signature