



Minnesota Department of **Human Services** _____

Interpreter Website Consent Form

As a courtesy to agencies and consumers we have a free listing of interpreter referral agencies and interpreters. If you would like to be listed on the Department of Human Services, Deaf and Hard of Hearing Services Division website www.interpreterreferral.org please fill out this form and send it to:

Sharisse Leier, PO Box 64969, St. Paul, MN 55164-0969
or fax this form to the attention of Sharisse Leier (651) 431-7417.
You may submit this form with an ELECTRONIC SIGNATURE to sharisse.leier@state.mn.us

Name: _____

City, State: _____

Email address: _____

Contact Phone: _____ cell: _____

Certifications:

- | | | | |
|--|--------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> RID CSD | <input type="checkbox"/> RID IC/TC | <input type="checkbox"/> RID CI | <input type="checkbox"/> RID CT |
| <input type="checkbox"/> NAD 3 | <input type="checkbox"/> NAD 4 | <input type="checkbox"/> NAD 5 | <input type="checkbox"/> SC:L |
| <input type="checkbox"/> NIC certified | <input type="checkbox"/> NIC advance | <input type="checkbox"/> NIC master | <input type="checkbox"/> RID oral |
| <input type="checkbox"/> EIPA level | <input type="checkbox"/> Cued | <input type="checkbox"/> CDI | <input type="checkbox"/> RSC |

Notice: Your name will be listed in the region where you live, but you can pick up to three regions you're willing to travel to.

Regions willing to travel to: (pick up to three)

- | | |
|--------------------|-----------------|
| 1. Upper Northwest | 5. West Central |
| 2. Northeast | 6. Metro |
| 3. Northwest | 7. Southwest |
| 4. East Central | 8. Southeast |



Areas you interpret in:

- Education Medical Mental Health Legal
 General/Business Deafblind Religious

Signature (**Required**) _____ Date _____