|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02324 (10/2019) | | | | |  | | | | **STATE OF WISCONSIN** | |
| **WISCONSIN'S AMERICAN SIGN LANGUAGE INTERPRETER, SSP, CART DIRECTORY SIGN-UP AND/OR CHANGE REQUEST** | | | | | | | | | | |
| New  Change | | | | | | | | | | |
| First Name | | | Last Name | | | | | | | Date |
|  | | |  | | | | | | |  |
| Contact Phone Number | | | County of Residence | | | | | | | |
|  | | |  | | | | | | | |
| Email Address | | | | | | | | | | |
|  | | | | | | | | | | |
| This section is for office use only. This information you provide will not be shared on the freelance list for the general public. | | | | | | | | | | |
| Other Last Name (if the one on record is different than the one listed above) | | | | | | | | | | |
|  | | | | | | | | | | |
| Street Address | | City | | | | | State | | | Zip Code |
|  | |  | | | | |  | | |  |
| What is your freelance availability? (check all that apply) | | | | | | | | | | |
| Full time  Part time  Part-time evenings  Part-time weekends  Part-time summers only | | | | | | | | | | |
| Check the directory you are signing up for or making a change then skip to the corresponding section to provide the required information for that directory. | | | | | | | | | | |
| Sign language interpreter, complete section 1  SSP, complete section 2  CART, complete section 3 | | | | | | | | | | |
| **Section 1: Sign Language Interpreters** | | | | | | | | | | |
| Only interpreters with a valid license from the Department of Safety and Professional Services (DSPS) may be added to the ODHH American Sign Language Interpreter Directory. | | | | | | | | | | |
| Select the credential(s) you would like listed. Proof of listed credentials must be submitted along with this form. | | | | | | | | | | |
| WITA I     /T | NAD | | | | | BEI basic | | Other, list below: | | |
| CI | CT | | | | | BEI advanced | |  | | |
| NIC | CDI | | | | | BEI master | |  | | |
| NIC advanced | QMHI | | | | | C-Print certificate | |  | | |
| NIC master | SC: L | | | | | | |  | | |
| List the license(s) you hold: **Proof of listed license(s)** must be submitted along with this form. | | | | | | | | | | |
| **Department of Safety and Professional Services (DSPS)** | | | | | | | | | | |
| Sign language interpreter, intermediate hearing | | | | # | | | | | | |
| Sign language interpreter, advanced hearing | | | | # | | | | | | |
| Sign language interpreter, intermediate deaf | | | | # | | | | | | |
| Sign language interpreter, advanced deaf | | | | # | | | | | | |
| **Department of Public Instruction (DPI)** | | | | | | | | | | |
| Educational interpreter license | | | # | | | | | | | |
| See the ODHH website to learn more about the [American Sign Language Interpreter Directory](https://www.dhs.wisconsin.gov/odhh/interpreting/interpreter-directory.htm) | | | | | | | | | | |
| **Section 2: Support Service Provider (SSP)** | | | | | | | | | | |
| Select all communication styles you have experience providing: | | | | | | | | | | |
| Tactile ASL  Tracking  Print on palm  Haptics  Varied distance for viewing needs | | | | | | | | | | |
| Other, list: | | | | | | | | | | |
| Have you taken the SSP hosted by our office? | | | | | | | | | | |
| Yes  No | | | | | | | | | | |
| **If yes**, certification of completion must be submitted along with this form. | | | | | | | | | | |
| Please list any other credentials you have related to SSP work. **Proof of listed credentials** **must be submitted with this form.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Section 3 Communication Access Real-Time Translation (CART)** | | | | | | | | | | |
| Business Name (if applicable) | | | | | | | | | | |
|  | | | | | | | | | | |
| Credentials (check all that apply) | | | | | | | | | | |
| **Must hold current NCRA membership and current in CEUs to list credentials.** | | | | | | | | | | |
| Registered professional reporter (RPR) | | | | | | | | | | |
| Certified real-time reporter (CRR) | | | | | | | | | | |
| Certified real-time cautioner (CRC) | | | | | | | | | | |
| Registered merit reporter (RMR) | | | | | | | | | | |
| Registered diplomatic reporter (RDR) | | | | | | | | | | |
| Certified reporting instructor (CRI) | | | | | | | | | | |
| Other, list: | | | | | | | | | | |
|  | | | | | | | | | | |
| Services you are able to provide. (check all that apply) | | | | | | | | | | |
| On-site captioning | | | | | | | | | | |
| Remote captioning | | | | | | | | | | |
| Broadcast captioning | | | | | | | | | | |
| Other, list: | | | | | | | | | | |