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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02324 (10/2019) |  | **STATE OF WISCONSIN** |
| **WISCONSIN'S AMERICAN SIGN LANGUAGE INTERPRETER, SSP, CART DIRECTORYSIGN-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:       |