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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-03292 (06/2024) | | | **STATE OF WISCONSIN**  Page 1 of 2 | | |
| **Board for Evaluation of Interpreters (BEI) Certification Transfer Form** | | | | | |
| **Instructions:** Any current BEI certification holder from a different state will need to complete this certification transfer form to be registered with the Wisconsin BEI program. Transferring your BEI certification to Wisconsin means you will follow all Wisconsin continuing education unit (CEU) requirements and renewal processes to maintain your BEI certification. For more information on the Wisconsin BEI program’s requirements for certification maintenance, please see the [BEI Continuing Education Program (CEP) webpage](https://www.dhs.wisconsin.gov/odhh/bei-cep.htm).  If you wish to continue to have your certification recognized in the initial certifying state, you will need to comply with their rules and requirements as well.  There is no guarantee that your certification will be approved for transfer.    If you have any questions about filling out this form, please contact BEI staff at [DHSWIBEI@dhs.wisconsin.gov](mailto:DHSWIBEI@dhs.wisconsin.gov). | | | | | |
| Name (Last, First, MI) | | | Date of Birth | | |
|  | | |  | | |
| Address | | | City | State | ZIP Code |
|  | | |  |  |  |
| Phone Number | Email Address | | | | |
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| List any other name or alias by which you have ever been known, including maiden, if applicable. | | | | | |
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| **Current BEI Certification Information** | | | | | |
| Certifying Entity (Name of Issuing Agency and State) | | | Date of Issue | | |
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| **Authorization for Release of Information** | | | | | |
| Certifying Entity Contact Person | | Certifying Entity Phone Number | | | |
|  | |  | | | |
| Certifying Entity Address | | | | | |
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| **Payment** | | | | | |
| The cost to transfer a BEI certification to Wisconsin is $25. This is a one-time fee and will only be required in situations where you did not obtain or maintain your BEI certification in Wisconsin.  Payment needs to be in the form of a money order or cashier's check. Personal checks and cash will not be accepted.  Payment should be mailed to:  Office for the Deaf and Hard of Hearing c/o TEP and BEI 1 W. Wilson St. PO Box 2659 Madison WI 53701-2659  Checks should be made payable to ODHH. Please allow 30 days for processing.  Certification transfer fees are nonrefundable. | | | | | |

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| **Agreements** | |
| By signing this form, I agree that:  Wisconsin ODHH will reach out to the above-mentioned certifying state to obtain my current BEI certification status.  I will not intentionally divulge confidential information about any test within the BEI testing system, which includes, but is not limited to, the content, topic, vocabulary, skills, and/or any other testing material.  I will comply with all state laws and/or rules that govern sign language interpreters.  My certification has not expired or been revoked.  My BEI certification status can be released to public entities and/or individuals requesting the information regardless of whether I sign this form. | |
| **SIGNATURE**—Applicant | **Date Signed** |
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| **For Office Use Only** | |
| Application Received on | |
|  | |
| Notes | |
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