

APPLICATION
WISCONSIN INTERPRETING AND TRANSLITERATING ASSESSMENT (WITA)

Name – Applicant (Last, First, MI)		Home Phone Number - -
Address (Street, PO Box, City, State, Zip Code)		
County of Residence	Email Address	Cell Phone Number - -
Performance Assessment—Please enclose proof of passing the NIC Knowledge examination from the Registry of Interpreters for the Deaf (RID) within the past five years.		
Preferred Test Date	Office for Deaf and Hard of Hearing (ODHH) Regional Office Madison	

The fee for the Performance Assessment is \$225, which can only be paid with a **cashier’s check or money order**. *Personal checks or cash will not be accepted.* **Application fees are nonrefundable.**

Mail your application and fee to the ODHH Regional Office at least **six weeks before the test date**. Applications are processed on a first-come, first-served basis. An assessment slot WILL NOT be assigned until payment is received. There will be no exceptions to this policy.

Office for the Deaf and Hard of Hearing
c/o WITA Assessment
PO Box 2659
Madison, WI 53701-2659