

Kansas Commission for the Deaf and Hard of Hearing REGISTRATION FORM

Kansas Rehabilitation Services
Department for Children and Families

Full Name

Address City

County State Zip Code

Home Phone Work Phone

Cell/Pager Email

Certification Information: Check all that apply (If you are not KQAS certified, a copy of certification is REQUIRED) Please include date issue and expiration date :

KQAS		RID				NIC	
Certificate	Issue/Expire	Certificate	Issue/Expire	Certificate	Issue/Expire	Certificate	Issue/Expire
<input type="checkbox"/> Level 5		CSC <input type="checkbox"/>		IC/TC <input type="checkbox"/>		NIC <input type="checkbox"/>	
<input type="checkbox"/> Level 4		CI/CT <input type="checkbox"/>		CLIP <input type="checkbox"/>		NIC Adv. <input type="checkbox"/>	
<input type="checkbox"/> Level 3		IC <input type="checkbox"/>		TC <input type="checkbox"/>		NIC Master <input type="checkbox"/>	
<input type="checkbox"/> Level 2		CDI <input type="checkbox"/>					
<input type="checkbox"/> Level 1		OIC <input type="checkbox"/>					

Other (i.e., SC: L, EIPA, etc.):

Area of Speciality

OPTIONAL: The following information provided will be posted on the KCDHH Website. Please be aware that all information provided below will be on the web site for the public.

Name

Preferred Contact Phone/Cell # County you live in:

Counties you are willing to travel to or work in:

Refer to map at this link <http://www.dcf.ks.gov/services/Pages/MapKCDHH.aspx>

Optional (this will be used for KCDHH's demographic information and will be held in confidence)

How long in interpreting profession? _____

Graduate from Interpreter Training Program (Y or N) _____

Select the highest degree you have completed. A. B. M.A. Ph.D Other

A. A.

Please mail to **KCDHH, 915 SW Harrison, 9N, Topeka, Kansas 66612**. Your registration will be effective upon receipt by KCDHH. If you would like more information about registration or evaluation procedures, please call KCDHH at (785) 368-8034 V/TTY or 1-800-432-0698 V/TTY. Thank You!