

Interpreter Information & Directory Release 2013

VDDHH maintains the following Directory Listings:

- VDDHH Directory of Qualified Interpreters for the Deaf and Hard of Hearing
This is the Print version of the directory. It is sent out only upon request.
- VDDHH On-Line Directory of Qualified Interpreters for the Deaf and Hard of Hearing
This is the Online version posted on the VDDHH website and emailed upon request. The information is accessible to any Internet user.
- VDDHH Court Approved Interpreter Listing for the Deaf and Hard of Hearing
This is the version used for Court Interpreting coordinated by VDDHH. It is used by VDDHH to assign interpreters in court and court-related situations.

Please provide information as noted below. Your signature (Section V) authorizes VDDHH to release all information listed on this form in the Print and On-Line versions of the Directories (excluding the pieces of information you specify in Section II). An Interpreter must possess a minimum of a VQAS Level I-T or Level I-I to be eligible for inclusion in the Directories. Because this Directory is intended to present information about qualified community interpreters, interpreters with only EIPA credentials will not be included and EIPA credentials will not be noted. **You do not have to be contracted with this agency to have your information listed in the Directories.**

I. VDDHH Directory of Qualified Interpreters for the Deaf and Hard of Hearing

First Name	Middle initial	Last Name	()
			Home Phone
Mailing Address			()
			Cell Phone
City	(County)	State	Zip
			Primary Email
Certification/VQAS Level*		Exp. Date	Alternate Email Address

***VDDHH will verify all credentials through VQAS or RID.**

Availability: Full-Time____ Evenings____ Weekends____ Full-Time in Summer____

Other (please list in 10 words or less): _____

Regions Served (refer to planning district map at <http://www.vapdc.org/displaycommon.cfm?an=1&subarticlenbr=2> :

Central VA	Northern VA	Southwestern VA	Tidewater	Western VA
<input type="checkbox"/> District 10	<input type="checkbox"/> District 7	<input type="checkbox"/> District 1	<input type="checkbox"/> District 19	<input type="checkbox"/> District 5
<input type="checkbox"/> District 14	<input type="checkbox"/> District 8	<input type="checkbox"/> District 2	<input type="checkbox"/> District 22	<input type="checkbox"/> District 6
<input type="checkbox"/> District 15	<input type="checkbox"/> District 9	<input type="checkbox"/> District 3	<input type="checkbox"/> District 23	<input type="checkbox"/> District 11
<input type="checkbox"/> District 16		<input type="checkbox"/> District 4		
<input type="checkbox"/> District 17		<input type="checkbox"/> District 12		
<input type="checkbox"/> District 18		<input type="checkbox"/> District 13		

II. Exclusions from Directory Listings: All directory listings will include name, city, state, and credentials. No Street addresses will be included. You may elect to have the following information excluded from the Print Version, the Online Version or Both.

Please do NOT list the following information in the directory:

Home Phone: Online Print

Cell Phone: Online Print

Primary Email Address: Online Print

Alternate Email Address: Online Print

III. Areas of Specific Interpreting Experience/Training (Optional) NOTE: Please only select those areas of interpreting for which you are fully qualified. VDDHH reserves the right to exclude specific selections from the Directory if the Screening Level or Certification is not recommended for that situation (for example, VQAS level interpreters will not be identified as available for court/legal situations).

I am comfortable with and have specific training/experience in the following types of interpreting:

- | | | |
|--|---|---|
| <input type="checkbox"/> Court/Legal | <input type="checkbox"/> ASL (American Sign Language) | <input type="checkbox"/> Tactile (hand over hand) |
| <input type="checkbox"/> Medical | <input type="checkbox"/> PSE (Pidgin Signed English) | <input type="checkbox"/> Tactile (fingerspelling) |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> SEE (Signed Exact English) | <input type="checkbox"/> Tactile (print-on-palm) |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Cued speech | <input type="checkbox"/> Close-vision |
| <input type="checkbox"/> Performances/Theatre | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Tri-lingual |
| <input type="checkbox"/> Educational | | (3 rd Lang.: _____) |
| <input type="checkbox"/> Religious | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Counseling | | |
| <input type="checkbox"/> 12-Step Programs | | |
| <input type="checkbox"/> Funerals | | |
| <input type="checkbox"/> Interpreting for children | | |
| <input type="checkbox"/> Platform | | |

IV. Information/E-mail Preferences

- _____ Please add me to the VDDHH contact list for emergency situations (i.e. volunteer emergency shelter interpreters during natural disasters)
- _____ Please add me to the VDDHH e-mail list for occasional non-eVA interpreting jobs** in the regions I have specified
**Interpreting assignments that do not require interpreters to be on contract with VDDHH or registered with eVA
- _____ Please add me to the VDDHH e-mail list for occasional non-contract interpreting jobs* in the regions I have specified
*Assignments that do not require interpreters to be on contract with VDDHH, but do require eVA registration (please enclose proof of your eVA registration)
- _____ Please add me to the VDDHH e-mail list for court jobs in the regions I have specified (must have full national certification from NIC or RID, an NAD V or a TSC: 4)
- _____ Please add me to the VDDHH e-mail list for contract jobs in the regions I have specified (must be registered with eVA and on contract with VDDHH)
- _____ Please send me additional information about becoming a VDDHH contract interpreter. __ Mail __ E-mail
- _____ Please send me additional information about becoming a VDDHH court interpreter. __ Mail __ E-mail

V. For mail-in forms, please sign here to authorize the inclusion of your Section I information in the Directories:

Signed: _____ **Date:** _____

For forms submitted via email, please complete the following authorization documentation:

I, _____, have submitted this information from _____ (email address) on _____ (date).

Please advise VDDHH, in writing, if you want to change, update or delete your listing in the Directory. If the contact information is no longer current and VDDHH is no longer able to contact you, then your name and information will be removed from the listing until you provide new information in writing.

Please return this form to:

EMAIL: isp@vddhh.virginia.gov

OR

**Virginia Department for the Deaf and Hard of Hearing
Ratcliffe Building, Suite 203
1602 Rolling Hills Drive
Richmond, VA 23229-5012**