



**Aging and Disability Services Division  
Interpreter/CART Registry  
3416 Goni Rd., Suite D-132  
Carson City, NV 89706**

**Form A 3 – Community Interpreter Application**

**Phone: 775-687-4210**

**Fax: 775-687-0576**

**Email: [jabalderson@adsd.nv.gov](mailto:jabalderson@adsd.nv.gov)**

---

**Section A Application Procedures/Checklist:**

- Current Photo (Passport size)
- Photocopy of current picture identification with date of birth (e.g. Driver's License)
- Completed Application (Requires Notary)
- Signed, completed Code of Professional Conduct form (Requires Notary)
- Photocopy of current certifications
- Mentor form (Only at the Apprentice Level)

**Section B Registration Category:**

- € Initial Application
- € Registration Renewal
- € Registration Update
- € Registration Reinstatement

**Each level of certification requires graduation from High School or completion of the GED:**

€ I am a high school graduate (Attach documentation) Year graduated: \_\_\_\_\_

Name and location of High School: \_\_\_\_\_

\_\_\_\_\_

€ I have completed and passed the GED (Attach documentation)

Year GED passed and name and address of issuing Institution: \_\_\_\_\_

€ Neither apply, I have attached an explanation page.

**I am registering for the following category and hold the following certifications:**

**Apprentice Level:**

€ NAD 2

€ ACCI 2

€ CDI in process of becoming certified

€ Graduated an accredited Interpreter Training Program: Where/When: \_\_\_\_\_

€ EIPA 3.5-3.9 Grade level (s) Assessed: \_\_\_\_\_ Modality Assessed: \_\_\_\_\_

○ I am/am not an Associate member of RID and participate in their ACET Program (Provide RID member number)

○ I do/do not have a mentor (mentor form attached)

**I understand that at this level I shall not engage in the practice of interpreting in a medical or legal setting. (Initial)\_\_\_\_\_**

**I also understand I must be teamed with or accompanied by a certified interpreter at the skilled level or above when interpreting in the community (Initial)\_\_\_\_\_**

**Skilled Level:**

€ RID CI

€ RID CT

€ NIC

€ NAD 3

€ ACCI 3

€ EIPA 4.0-4.7      Modality Assessed: \_\_\_\_\_

- In order to satisfy the EIPA requirement, the applicant must also provide proof of RID Certification as a “Certified Educational Interpreter”

**Advanced:**

€ RID CI AND CT Combined

€ RID CSC

€ RID - CDI

€ NIC -Advanced

€ NAD 4

€ ACCI 4

€ EIPA 4.8-5.0      Modality Assessed: \_\_\_\_\_

- In order to satisfy the EIPA requirement, the applicant must also provide proof of RID Certification as a “Certified Educational Interpreter”

**Master Level:**

€ NIC-Master

€ RID – MSCS

€ RID-Specialist Certificate: Legal

€ RID-CDI with Specialist Certificate: Legal

€ NAD 5

€ ACCI 5

**Section C Applicant information:**

Full, Legal name of applicant (Include Alias or other names in parenthesis)		
Address where you can be reached		
City	State	Zip Code
Home Phone	Cell Phone	Work or other phone
Email		

**Please indicate the contact information you want on the registry: (Name and certification information is mandatory):**

---

---

**Additional Questions**

1. \_\_\_\_Yes \_\_\_\_No      Have there been any substantiated allegations of a code of ethics violation(s) pertaining to interpreting/transliterating practice by any certifying body?
2. \_\_\_\_Yes \_\_\_\_No      Has there been any adverse verdict as a result of any civil suit regarding your professional malpractice?

3. \_\_\_\_ Yes \_\_\_\_ No

Have you ever had an interpreter/transliterators credential denied, revoked, or suspended within the past ten years?

4. \_\_\_\_ Yes \_\_\_\_ No

Are there any pending actions related to a denial, revocation, or suspension of any interpreter/transliterators credential?

5. \_\_\_\_ Yes\* \_\_\_\_ No

Have you been convicted of a crime under any laws within the past ten years?

\*If yes, please attach a separate sheet detailing the nature of the conviction, date(s) and locations of the event

6. \_\_\_\_ Yes\* \_\_\_\_ No

Are any criminal charges currently pending against you?

\*If yes, please attach a separate sheet detailing the nature of the conviction, date(s) and locations of the event

7. \_\_\_\_ Yes \_\_\_\_ No

Is there any condition which would prevent you from providing interpreting service?

**Section D Certification of Applicant:**

**Certification**

I hereby agree and have knowledge of and comply with the standards set forth in Nevada Revised Statute 656A governing the provision of Interpreting and CART Services and understand the types of misconduct for which disciplinary action may be initiated against me pursuant to these regulations.

I hereby certify that the preceding information is correct to the best of my knowledge. I agree to abide by and follow the NAD-RID Code of Professional Conduct as set forth in section 40 (1)(e) of Nevada Revised Statute 656A.

---

Signature

---

Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the  
county and state aforesaid, personally appeared \_\_\_\_\_, known to me to be the person named  
above and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same freely and  
voluntarily.

BY: \_\_\_\_\_

Notary

\_\_\_\_\_  
Affix Notary Seal