



Department of Health and Human Services
 Aging and Disability Services Division
Communication Access Services Program
Interpreter / CART Registry
Mentoring Agreement



Interpreter Name: _____ NV Interpreter Registry #: _____

Interpreter Classification: _____ Registry Expiration Date: _____

- Educational Apprentice Level
- Educational Intermediate Level
- Community Apprentice Level

Mentor Name: _____

Mentor Credentials: *(Check all that apply)*

RID Certified Interpreter Certifications held: _____

EIPA Assessment
 Assessment Level: _____

EIPA Written Test

Other Interpreting Credential(s): _____

- Mentoring Type(s):** *(Check all that apply)*
- In state (Nevada) Mentor
 NV Interpreter Registry #: _____
 - Out of state Mentor
 State of Residence: _____
 - In person mentoring
 - On-line or Distance Mentoring

- Interpreting Focus Area(s):** *(Check all that apply)*
- Interpreting Skill Development
 - Ethical Scenario Skill Development
 - Professional Skill Development

By entering into this agreement, we agree to the following:

- Mentoring sessions will be individualized and tailored to the interpreter's Professional Development Plan
- Identification and development of specific goals and objectives related to the new interpreting knowledge and skills
- Meetings with the interpreter to evaluate the interpreter's work either live or via video
- Develop resources for knowledge and skill development
- Document hours spent with the mentee

Mentor Signature

Date: _____

Interpreter Signature

Date: _____

**Once this form is completed and signed, please upload it to the interpreter's registry account.
 Should you have any questions, please contact ADSD at InterpreterRegistry@adsd.nv.gov.**