



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



Professional Development Plan

Interpreter Name: _____

NV Interpreter Registry #: _____

Registry Expiration Date: _____

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

Year	Professional Development Goal	Steps Toward Goal	Goal Type
	Describe one skill or knowledge goal per year on which you will focus. This can be taken directly from your EIPA results, or something else identified in your work needing further development.	Explain types of activities, trainings and other efforts you will take toward your goal.	Select the best match for the type of goal provided.
Year 1			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
Year 2			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
Year 3			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development

Interpreter Signature

Date

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