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

Name: _____

Community Interpreter Reg #: _____ **Expiration Date:** _____
Educational Interpreter Reg #: _____ **Expiration Date:** _____

Street Address: _____ **City:** _____
State: _____ **Zip:** _____
VP/Phone: _____ **Email:** _____

Which type of interpreter(s) will you be mentoring? ☐ **Community** ☐ **Educational (K-12)** ☐ **Both**

Credentials: ☐ **RID Certified** ☐ **EIPA Score 4.0+ and Passed EIPA - Written Test**

Alternative Pathway to Credentialing* *(To be completed by those with no credentials listed above)*

☐ **Passed EIPA - Written Test** ☐ **Passed RID Knowledge Test**
☐ **Course in Mentor training** ☐ **Associate degree or higher in Interpreting, ASL, English, or related field**

An interview is also required for the Alternative Pathway

Please answer the following:
Which interpreting process models and/or methodologies do you use when mentoring?

_____

(For those mentoring Educational Interpreters) **How do you incorporate the *EIPA Guidelines of Professional Conduct for Educational Interpreters* when mentoring educational interpreters?**

_____

(For those mentoring Community Interpreters) **How do you incorporate the *NAD - RID Code of Professional Conduct* when mentoring community interpreters?**

_____

Do you wish to be listed on the State's Public Approved Mentor List?
☐ Yes ☐ No

If yes, what information would you like displayed?
☐ VP/Phone number ☐ Email Address ☐ Other: _____

Areas Served:
☐ Northern Nevada ☐ Southern Nevada ☐ Rural Nevada

☐ **I have read and understand the Mentorship Requirements document**

_____ _____
Signature Date