



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](mailto:InterpreterRegistry@adsd.nv.gov).**