



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