VDDHH Interpreter Information and

Directory Release Form v.3.9.16

General Information:

The Virginia Department for the Deaf and Hard of Hearing (VDDHH) maintains a database with information about qualified sign language interpreters, cued speech transliterators and CART Providers. Information in this database is used to assist VDDHH in locating qualified providers for agency coordinated assignments. In addition, with permission of the qualified professional, select information will be included in the print Directory of Qualified Interpreters, the online directory, or both.

About The Directory:

VDDHH maintains the following Directory Listings:

* VDDHH Directory of Qualified Interpreters for the Deaf and Hard of Hearing - this is the Print version of the directory. It is sent out only upon request.
* VDDHH On-Line Directory of Qualified Interpreters for the Deaf and Hard of Hearing - this is the Online version posted on the VDDHH website and emailed upon request. The information is accessible to any Internet user.
* VDDHH Court-Approved Interpreter Listing for the Deaf and Hard of Hearing -This is the version used for Court Interpreting coordinated by VDDHH. It is used by VDDHH to assign interpreters in court and court-related situations. This list is NOT posted on the internet. For information on being included in the Court-Approved list, contact the Interpreter Services Program at [isp@vddhh.virginia.gov](mailto:isp@vddhh.virginia.gov).

To Be Included in the Directory:

* Complete the attached form, sign it, and submit it to VDDHH either:
* by email to [isp@vddhh.virginia.gov](mailto:isp@vddhh.virginia.gov) – please use subject line “Directory Release Form for [Your Name].
* By U.S. Mail to VDDHH, Attention Interpreter Services, 1602 Rolling Hills Drive, Suite 203, Richmond, VA 23229
* Your signature (Section V) authorizes VDDHH to release all information listed on this form in the Print and On-Line versions of the Directories (excluding the pieces of information you specify in Section II). An Interpreter must possess a minimum of a VQAS Level I-T or Level I-I to be eligible for inclusion in the Directories.
* Because this Directory is intended to present information about qualified community interpreters, interpreters with only EIPA credentials will not be included and EIPA credentials will not be noted.
* **You do not have to be contracted with this agency to have your information listed in the Directories.**

To Be included in the VDDHH Database without Directory Listing

* **You can elect to provide your information ONLY for inclusion in the VDDHH database so that we may contact you for contract or non-contract jobs or with special announcements. If you choose this option, your information will not to be listed in the Directory (print or online).**

NOTE TO INTERPRETER AGENCIES: VDDHH does not include specific listings for organizations/interpreter coordination agencies in our directories; however, we will include specific interpreters and their affiliation with and contact information for an agency **at the request of the interpreter**. Interpreters in the Directory with organizational/agency contact information cannot be dually listed as individual interpreters.

| vddhh new logo.tif Directory of Qualified Interpreters Interpreter Information and Release Form  FOR VDDHH OFFICE USE ONLY  🗖Database 🗖 Send Contract 🗖Court info 🗖Emergency List 🗖 Non-contract list | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter Information | | | | | | | | | |
| Name: | | | | | | | | | |
| Current address: | | | | | | | | | |
| City: | | | | State: | | | | ZIP Code: | |
| Primary Phone: | | | | | Alternate Phone: | | | | |
| E-Mail Address: | | | | | Alternate E-Mail Address: | | | | |
| Interpreter Credentials:  SElect all CURRENT Valid Credentials. Please provide proof of credentials. VDDHH will verify all credentials prior to listing in the directory. | | | | | | | | | |
| National Certifications | | | | | | | | | |
| 🗖NIC | 🗖CSC | | | | 🗖NAD III | | | | 🗖CDI |
| 🗖NIC Advanced | 🗖MCSC | | | | 🗖NAD IV | | | | 🗖CLIP-R |
| 🗖NIC Master | 🗖TC | | | | 🗖NAD V | | | |  |
| 🗖CI | 🗖IC | | | | 🗖SC:L | | | | 🗖Other (specify): |
| 🗖CT | 🗖IC/TC | | | | 🗖SC:PA | | | | 🗖Other (specify): |
| 🗖CI and CT | 🗖OTC | | | |  | | | | 🗖Other (specify): |
| Virginia Quality Assurance Screening Level(s) (VQAS) | | | | | | | | | |
| 🗖T - I | | | 🗖 I-I | | | | 🗖 CS-I | | |
| 🗖T- II | | | 🗖 I-II | | | | 🗖 CS-II | | |
| 🗖T-III | | | 🗖 I-III | | | | 🗖 CS-III | | |
| 🗖T-IV | | | 🗖 I-IV | | | | 🗖 CS-IV | | |
| AGENCY INFORMATION (OPTIONAL):  If you wish to be listed in the directory as affiliated with a particular interpreting agency, please complete this section. Your individual contact information will not appear in the print or online directory if you complete this section. Only one listing per interpreter will be included. | | | | | | | | | |
| 🗖 Yes, please list me in the Directory as an “interpreting agency-affiliated” interpreter. I understand that the only contact information that will be provided for me in the Directory will be the contact information for the interpreting agency listed below. My personal phone number and email address will not be listed. | | | | | | | | | |
| Agency Name: | | | | | | | | | |
| Agency Contact Person: | | | | | | | | | |
| Agency Address: | | | | | | | | | |
| City: | | | | State: | | | | ZIP Code: | |
| Agency Phone: | | | | | | | | | |
| Agency Email Address: | | | | | | | | | |
| Regions Served: Please select the PRimary area where you are available for work. | | | | | | | | | |
| 🗖 Southwest Virginia (including, but not limited to, Lynchburg, Roanoke, Danville and west) | | | | | 🗖 Tidewater (including, but not limited to, Hampton, Virginia Beach, Eastern Shore) | | | | |
| 🗖 Central Virginia(including, but not limited to, Richmond, Petersburg, Goochland) | | | | | 🗖 Valley (including, but not limited to, Lexington, Staunton, Winchester, Charlottesville) | | | | |
| 🗖 Northern Virginia (including, but not limited to, Fairfax, Prince William, Fredericksburg) | | | | | 🗖 Willing to travel Statewide | | | | |
|  | | | | |  | | | | |
| Interpreter Skill Set:  Select all areas in which you have training/skill and experience. Please do not select areas that you hope to develop; rather, choose those which you are currently prepared to perform. | | | | | | | | | |
| **Specific Situations** | | | | | **Language Modes** | | | | |
| 🗖 12-step Program (e.g. AA/NA) | | | | | 🗖 ASL | | | | |
| 🗖Performance/Theater | | | | | 🗖 PSE | | | | |
| 🗖Counseling | | | | | 🗖 SEE | | | | |
| 🗖Mental Health | | | | | 🗖 Oral | | | | |
| 🗖Funerals | | | | | 🗖 Cued Speech | | | | |
| 🗖Platform | | | | | 🗖Tactile: Print on Palm | | | | |
| 🗖Medical (routine outpatient) | | | | | 🗖Tactile: Hand over Hand | | | | |
| 🗖Medical (inpatient) | | | | | 🗖Tactile: Fingerspelling | | | | |
| 🗖 Educational (Pre-school) | | | | | 🗖Close-Vision | | | | |
| 🗖 Educational (K-12) | | | | | 🗖 Other (specify): | | | | |
| 🗖 Educational (Post-Secondary) | | | | | 🗖 Multi-lingual (list all languages in which you are fluent):  🗖  🗖  🗖  🗖 | | | | |
| 🗖Religious | | | | |
| 🗖 Employment/Job-related | | | | |
| 🗖Legal (Fully Nationally Certified Interpreters ONLY) | | | | |
| Availability | | | | | | | | | |
| 🗖Full-time | | 🗖 Part-time | | | | 🗖 Evenings (between 5 and 11 p.m.) | | | |
| 🗖 Full-time, summer only | | 🗖 Weekends | | | | 🗖 Other (specify): | | | |
| **directory listing exclusions**: All directory listings will include name, city, state, and credentials. No Street addresses will be included. You may elect to have the following information excluded from the Print Version, the Online Version or Both. NOTE THAT You may choose not to be listed in the Directory but still provide VDDHH with your information. | | | | | | | | | |
| 🗖 Do not include any of my information in the Directory. Please use my information for VDDHH Contact only.  Please do NOT list the following information in the directory:  Home Phone: 🗖Online 🗖Print Cell Phone: 🗖Online 🗖Print  Primary Email Address: 🗖Online 🗖Print Alternate Email Address: 🗖Online 🗖Print | | | | | | | | | |
| options for additional information:Please review and select any or all of the following options for VDDHH actions related to the information you have provided. | | | | | | | | | |
| 🗖 EMERGENCY CONTACT LIST: Please add me to the contact list for emergency situations. I understand that my contact information will be provided to the VA Department of Emergency Management for distribution to local Emergency Managers in times of emergency, such as natural disasters. | | | | | | | | | |
| 🗖NON-CONTRACT CONTACT LIST: Please add me to the VDDHH e-mail list for occasional non-contract assignments in the regions I have specified. | | | | | | | | | |
| 🗖 Please send me additional information about becoming a VDDHH contract interpreter. | | | | | | | | | |
| 🗖 Please send me additional information about becoming a VDDHH court interpreter. | | | | | | | | | |
| 🗖 Please add me to the VDDHH Court-Approved list. I have read the Memorandum of Understanding and accept the terms and conditions for interpreting in Virginia courts and court-related matters. | | | | | | | | | |
| Authorization to Publish | | | | | | | | | |
| **For mail-in forms, please sign here to authorize the inclusion of your Section I information in the Directories:**  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **For forms submitted via email, please complete the following authorization documentation:**  **I, , have submitted this information from (email address) on (date).** | | | | | | | | | |