Ohio | Department of Developmental Disabilities

PROVIDER CERTIFICATION APPLICATION ADDENDUM
INTERPRETER

Please carefully review and complete this form and submit all appropriate documentation.

NAME OF INDEPENDENT/AGENCY PROVIDER	
NAME OF CEO OF AGENCY PROVIDER, IF APPLICABLE	

DEFINITION OF INTERPRETER SERVICES

"Interpreter"services means the process by which an individual conveys a person's message to another. The process of interpreting should incorporate both the message and the attitude of the communicator. The interpreter will maintain the role of the facilitator of communication rather than the focus or initiator of communication.

☐ **Interpreter services must be provided by an interpreter who is certified by the Registry of Interpreters for the Deaf, Inc. (RID). The certified interpreter shall provide evidence of certification. Please check the box to indicate that the documentation is included.**

☐ **Additionally, the provider must meet one of the following standards. Please check the box to indicate that the documentation is included.**

- **Graduate of interpreter training program (minimum two-year program) plus one year of documented services experience.**
- **Successful completion of written test plus one year of documented services experience.**
- **Two years of documented services experience.**

Each independent/agency applicant must initial the following to indicate your understanding and assurance to comply.

_____ The provider shall render the message faithfully, always conveying the content and the spirit of the individual, using language most readily understood by the person(s) being served.

_____ The provider shall not counsel, advise, or interject personal opinions.

_____ The provider shall participate in development of the individual's service plan if and when requested by the individual.

I have submitted the evidence as requested, understand the requirements, and certify that I will meet the above initialed assurances. I understand that misrepresentation or falsification of this application or any supporting documentation may result in denial or revocation of provider certification.

_____ _____

Signature of Independent Provider/Agency CEO Applicant Date

Return completed application with supporting documentation to:

Ohio Department of Developmental Disabilities
Office of Provider Certification
30 East Broad Street, 13th Floor
Columbus, Ohio 43215
1-877-289-3636

Or email Provider.Certification@dmr.state.oh.us