



Private Practice Interpreter Application

Thank you for considering a Private Practice Interpreter position with the Mid Hudson Interpreter Service (MHIS).

Please complete the application and return to:
Jeanine Byrnes – MHIS Program Director, 82 Washington Street # 214, Poughkeepsie, NY 12601
or via j.byrnes@taconicresources.org

Application Date: _____

BACKGROUND

Name: Last: _____ First: _____ Middle Initial: _____

Address: _____

City/State/Zip Code: _____

Best Number to reach you: (____) _____

Email: _____

Other means of notification: _____

Emergency Contact: Name _____ Phone: _____

EDUCATION

Please complete the section below:

Interpreting Training Program:

Attended Interpreting Training Program (ITP)

Did not attend any Interpreting Training Programs (ITP)

Name and Address of Interpreting Training Program site:

Entity Name: _____

Street Address: _____

City, State & Zip: _____

ITP School Advisor: _____ Phone Number: _____

How many total internship/practicum hours were required from your training program? _____

How many hours were completed? _____

Please provide copies of Diploma or Certificate from the Interpreter Training Program

Did your Internship/Practicum require supervision by Certified Interpreter(s)?

Please add interpreter(s) information on page 5 under references.

Please list internship observation sites with start and end dates.

The observation site would be an interpreting agency, school, or Interpreter with LLC status.

#1

Entity Name: _____

Street Address: _____

City, State & Zip _____

Phone Number _____

Start Date _____ End Date _____

#2

Entity Name: _____

Street Address: _____

City, State & Zip _____

Phone Number _____

Start Date _____ End Date _____

College:

Please complete if you did not attend an Interpreting Training Program (ITP) but did further your education beyond High School.

Please provide copies of sign language interpreting certifications and/or workshops if applicable

#1

Educational Entity Name: _____

Street Address: _____

City, State & Zip _____

Phone Number _____

Start Date _____ End Date _____

Degree Received _____

#2

Educational Entity Name: _____

Street Address: _____

City, State & Zip _____

Phone Number _____

Start Date _____ End Date _____

Degree Received _____

Certifications:

Please check all that apply:

Non-Certified Qualified Deaf Interpreter BEI

RID/NIC Pre-Certified RID/NIC CDI EIPA

RID/NIC Certified

Please list here if you hold certification not listed above:
Put certification name, name of school or training program, address & phone number:

Entity Name: _____

Street Address: _____

City, State & Zip _____

Phone Number _____

Start Date _____ End Date _____

Certification Received _____

Please provide a copy of certification and/or membership card

If you are Non-Certified, what plans are in place to achieve your Pre-Certification?

If you are Pre-Certified, what plans are in place to achieve your Certification?

If you are a Qualified Deaf Interpreter, where did you receive your training?

Entity Name: _____

Street Address: _____

City, State & Zip _____

Phone Number _____

Start Date _____ End Date _____

Certification Received _____

Interpreting Employment:

Are you currently working with another Sign Language Interpreting Agency?

Please list your strengths and weaknesses of your interpreting work or those of your training.

Please describe your experience and training in work with diverse populations and languages utilized.

(Example: clients that may be Deaf, Hard of Hearing, multi-disabled, multicultural, using Assistive Devices/technology, interpreting/transliterating) Please describe how the diversity influences your work.

MEMBERSHIPS/PROFESSIONAL AFFILIATIONS

<u>Organization(s)</u>	<u># of years as member</u>	<u>Member ID #</u>	<u>Certification/Award</u>	<u>Date awarded</u>
Registry of Interpreters for the Deaf:				
National Association for the Deaf:				
Affiliate Chapters:				
Licenses/Certifications:				
State Screenings:				
Other:				

Are you a Native Signer?

Please check all that applies if you are a native signer:

Deaf Individual

CODA | Child of Deaf Adult(s) (18+ years old)

OHCODA | Only Hearing Child of Deaf Adults (deaf parents and deaf siblings)

OCODA | Only Child of Deaf Adult(s) (no siblings)

SODA | Siblings of a Deaf Adult(s)

SpODA – Spouse of Deaf Adults

GODA – Grandchild(ren) of Deaf Adult(s)

Immersed in Deaf community

Aside from formal education and trainings, have you had an opportunity to observe or participate in the local Deaf community:

If so, please summarize your experiences here:

REFERENCES:

Please provide 2 reference names, addresses, e-mails and phone numbers of interpreters or interpreting agency that has observed your work.

#1

Name: _____

Street Address: _____

City, State & Zip _____

Phone _____

E-Mail _____

Is this an Interpreter that has observed you during team interpreting or internship/practicum?

#2

Name: _____

Street Address: _____

City, State & Zip _____

Phone _____

E-Mail _____

Is this an Interpreter that has observed you during team interpreting or internship/practicum?

Please provide one more in case above references are not able to provide a reference:

Name: _____

Street Address: _____

City, State & Zip _____

Phone _____

E-Mail _____

Is this an Interpreter that has observed you during team interpreting or internship/practicum?

How many hours per week do you wish to freelance? _____

Do you have full time employment other than freelancing?

What are your available days and hours? *You can check, put in hours or indicate AM or PM in each box*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

In what settings are you more comfortable or experienced?

Please select all that apply. List any others.

Educational Medical Mental Health Business Performing Arts

Religious Legal Community Deaf/Blind

Others:

What is the rate you are requesting as a Private Practice Interpreter? \$_____ per hour

Do you have any teaching or workshop experience?

Please indicate your experience that would be beneficial to American Sign Language Interpreters or the public.

Are you fluent in signed language other than American Sign Language?

Examples would be other countries signed languages, Signed Exact English (SEE), Pidgin Signed English (PSE), Tactile etc...

Are you fluent in verbal spoken language other than English?

If you answered yes to either above question, please expand here:

If requested, can you provide us with a recorded sample of your work?

Request may be for other work such as Deaf/Blind, One to One, Tri-lingual, Team Interpreting, etc., provided on DVD, YouTube sample, Electronic Video File, or USB drive

Do you consent to sharing your contact information with other interpreters on the MHIS roster to be shared with other interpreters only when it pertains to a shared assignment or consumer?

How long do you see yourself staying in the Mid-Hudson Valley Area? _____

Fingerprinting

Due to the nature of our educational and government contracts, Private Practice Interpreters who will be working in these areas will be required to undergo fingerprinting at their own expense.

Have you, in the past year, been fingerprinted and cleared to work by New York State Education Department or other entity?

If YES, please provide copy of the receipt with this application

If NO, are you willing to undergo fingerprinting at your own expense?

Cost is approximately \$100 as of 2021

Background Check

Due to the nature of our customer contracts, MHIS is required to run a criminal background check on all of our Private Practice Interpreters before any work can be performed.

Do you consent to a criminal background check?

An e-mail will be sent to you requesting more information and you will be asked to sign a release form.

Do you hold a valid New York State Driver’s License?

Please provide a copy with your application for the background check to make sure we have all information entered in our system correctly.

APPLICATION CERTIFICATION

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from the application may be cause for denial of selection as a Private Practice Interpreter. I authorize Taconic Resources for Independence, Inc. / Mid-Hudson Interpreter Service and its staff to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all individuals and organizations for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to Taconic Resources for Independence, Inc. / Mid-Hudson Interpreter Service in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize Taconic Resources for Independence, Inc. / Mid-Hudson Interpreter Service and my educational programs to release evaluative information about me to each other, now or in the future.

If I am accepted and become a Private Practice Interpreter subcontractor, I expressly agree to comply fully with the Registry of Interpreters for the Deaf, Inc. (RID) and National Association of the Deaf (NAD) policies, the Professional Code of Conduct and HIPAA. I also agree to comply with all applicable state, provincial, and federal laws.

I understand and agree that, as an applicant, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

Applicant’s Signature: _____

Print Name: _____

Date: _____