



Office for Deaf and Hard of Hearing Services (DHHS)
Test of English Proficiency (TEP)

HHS DHHS will use the information provided in this form to obtain criminal records. Allow 30 days for processing.

Applicant Information				
Applicant's Name:		Birth Date:	Previous name(s):	
Street Address:		City:	State:	ZIP code: County:
Home/Work Phone No.:		Cell Phone No. (optional):		Video Phone No.:
Email Address:				

Statistical Information
Gender: <input type="radio"/> Male <input type="radio"/> Female
Auditory status: <input type="radio"/> Deaf <input type="radio"/> Hard of hearing <input type="radio"/> Hearing
Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
Race (select all that apply):
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

Qualifying Questions
1. Are you at least 18 years old? <input type="radio"/> Yes <input type="radio"/> No
2. Have you graduated from high school or passed the GED? <input type="radio"/> Yes <input type="radio"/> No
3. Highest level of education: (An official transcript must be submitted with application with at least 30 credit hours earned.)
<input type="radio"/> High school diploma <input type="radio"/> Associate <input type="radio"/> Bachelor's <input type="radio"/> Master's Other: _____
4. Are you enrolled in an interpreter training program (ITP)? <input type="radio"/> Yes <input type="radio"/> No
If yes, what program? _____ Enrollment Dates: _____
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No If yes, enter graduation date: _____
If no, have you previously been enrolled in an ITP? <input type="radio"/> Yes <input type="radio"/> No If yes, what program? _____
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No If yes, enter graduation date: _____
5. Do you have a conviction? <input type="radio"/> Yes <input type="radio"/> No If yes, what is the conviction date? _____ Conviction Type: _____
6. Have you ever received disciplinary action or had an interpreter certificate or license suspended, revoked, or denied?
<input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____
7. Military Status: <input type="checkbox"/> Military Service Member <input type="checkbox"/> Military Veteran <input type="checkbox"/> Military Spouse <input type="checkbox"/> N/A

Important Information for Former Military Services Members

Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov>.

Preferred Testing Site

The TEP must be taken at an approved testing center at a college or university. A list of approved sites is available at <https://bei.hhsc.state.tx.us/PublicTestSchedule/Index>.

I want to take my test at the following location:

Address Field	City	State	ZIP Code
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Fee and Submittal Instructions

1. Complete, sign and mail this form and the following to HHS DHHS.
2. Copy of a valid photo ID.
3. Sealed official college transcript or have it sent directly from your university to HHS DHHS.
4. Check, cashier's check, or money order payable to HHS DHHS for \$95 (non-refundable).

Allow 30 days for processing. HHS DHHS will contact you using your primary email address.

Code of Professional Conduct

Tenets

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

The full version of the Code of Professional Conduct may be obtained from the HHS DHHS office or the Registry of Interpreters for the Deaf, Inc. website at www.rid.org.

Accommodation Request

A disability is a physical or mental impairment that substantially limits one or more major life activities.

Do you have a disability that requires accommodation? Yes No

If you have a disability and need a reasonable modification, DHHS will make every effort to accommodate your needs. Please fill out a Reasonable Modification Request form, which may be obtained at HHS DHHS, gather proper documentation that describes the nature of your disability and modifications you request, and submit both with this application.

If you are requesting an accommodation, please see [Chapter 1: BEI General Interpreter Certification Policies and Procedures, 1.4 Accommodation Request](#).

Signature

I attest that all information provided in this application is accurate and true and agree to abide by the Code of Professional Conduct. I understand that my certificate is subject to suspension, revocation, or cancellation.

 Applicant's signature Date

This application is incomplete without the applicant's signature.