



Office for Deaf and Hard of Hearing Services (DHHS)
Annual Certificate Renewal

HHS DHHS will use the information provided in this form to obtain criminal records.

Certificate Holder Information

Certificate Holder's Name:	Birth Date:	Maiden Name:		
BEI Certification No.:	Certification Level:			
Street Address:	City:	State:	ZIP Code:	County:
Do you have a conviction? <input type="radio"/> Yes <input type="radio"/> No	If yes, what is the conviction date?		Conviction type:	

Contact Information

Daytime Phone No.:	Cell Phone No. (optional):	Video Phone No.:
Email Address:	Publish information in HHS DHHS BEI registry? <input type="radio"/> Yes <input type="radio"/> No	

Annual Renewal Method

- Renewal fee if paid before the expiration date. **Enclose fee \$75.**
- Renewal fee if paid 1 to 90 days after the expiration date. **Enclose fee \$112.50**
- Renewal fee if paid 91 to 364 days after the expiration date. **Enclose fee \$150**

Qualifying Question

Have you ever received a disciplinary action or had an interpreter certification or license suspended, revoked or denied? Yes No

Fee and Submittal Instructions

1. Enclose a check, cashier's check, or money order payable to HHS DHHS for the renewal fee listed above.
2. If a prerequisite certificate is required, attach a copy of the current, valid prerequisite certificate card.
3. Mail this form; a copy of a valid prerequisite certificate card, if required; and the fee to:

HHS DHHS
P.O. Box 12306
Austin, TX 78711

4. Allow 30 days for processing.

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 DHHS office or the Registry of Interpreters for the Deaf, Inc. website at www.rid.org.

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.

Certificate holder's signature

Date

The application is incomplete without the applicant's signature.

HHS, Office for Deaf and Hard of Hearing Services

P.O. Box 12306, Austin, Texas 78711

(512) 407-3250 Voice or (512) 410-1386 VP