

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

Purpose

Persons who have a valid BEI certification from an entity with a BEI licensure agreement may use this form to apply for a Texas BEI certificate.

Applicant Information

Applicant's Name:	Maiden name	Birth Date:		
Street Address:	City:	State:	ZIP Code:	County:

Contact Information

Primary Phone No.:	Mobile Phone No. (optional):	Video Phone No.:
Primary Email Address:		

Qualifying Questions

Current BEI Certificate:

Select One: Michigan Illinois Missouri Other:

Do you have a conviction?

- Yes If yes, additional information is required. Contact HHS at (512) 438-4880 before proceeding.
 No

Have you ever received disciplinary action or had an interpreter certification or license suspended, revoked, or denied?

- Yes If yes, additional information is required. Contact HHS at (512) 438-4880 before proceeding.
 No

Have you earned an associate degree, or at least 60 credit hours?

- Yes If yes, attach official college transcript.
 No If no, you are ineligible.

Application Fee

<input type="checkbox"/> Basic	Enclose Fee: \$50
<input type="checkbox"/> Advanced	Enclose Fee: \$50
<input type="checkbox"/> Master	Enclose Fee: \$50

Fee and Submittal Instructions

1. Complete and sign the form.
2. Enclose a check, cashier's check, or money order payable to HHS DHHS for the Out-of-State Application fee.
3. Mail this form, copy of a valid photo ID, copy of your valid certificate card, official college transcript, and the fee to:

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

4. Allow 30 days for processing. The BEI office 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.

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: _____

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) 438-4880 Voice or (512) 410-1386 VP