



# Utah Interpreter Program

## Application for Written and/or Performance Testing

Date

Date

**Please Print!**

Name Last First M.I. **New to UIP? Y N**

Address Apt. No. **New Address? Y N**

City State Zip Code

( ) Phone (home) ( ) Phone (cell / other) - circle one

/ /  
Date of Birth\*

E-mail address (New? Y N)

Male Female  
(please circle)

*\*PLEASE NOTE: Personal information is kept strictly confidential, and is used for testing identification only!*

Reviewed

### UIP Testing

**Written Exam** (Circle one) *FRIDAY or SATURDAY*

*If not testing on scheduled testing week, please indicate WE testing date (Written Exam is offered every Friday, provided application and payment are received 3 weeks prior to testing date; Saturday is available on testing weekend only)*

### Performance Test

(Circle Testing Month)  
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

**Novice Level**

**Professional Level**

- All components on same day **OR**
- 2 days: ASL & Role Play portions / Transliteration
- Other \_\_\_\_\_  
(please specify)

### Other Testing

**Cued Language Written Exam**  
Testing Date \_\_\_\_\_  
(Make check payable to Utah Interpreter Program)

**Cued Language Performance**  
Testing Date \_\_\_\_\_  
(Make Performance check payable to TECHUnit)

Registered for Testing

**PLEASE COMPLETE REVERSE SIDE**  
(signature is required!)

**Performance Test Paid**

Office Use Only

**Written Exam Paid**

Office Use Only

