



UTAH STATE OFFICE OF REHABILITATION

and the

DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING

Annual Interpreter Maintenance Renewal Form - EIPA

PLEASE PRINT

Name _____ Male Female

Address _____ **NEW? Y N**

City, State, Zip _____

Home Phone _____ Work Phone _____

Birthdate / /
 month day year

Are you currently certified in another state or have RID certification? NO ___ YES ___ State _____

E-mail address _____

PLEASE CIRCLE Certification Level

Elementary

Secondary

New Information!

PLEASE READ CAREFULLY!

I certify that I have been involved in the following workshops over the past year (i.e., interpreter training program or **State approved** workshops.) ***ALL non-Utah Interpreter Program workshops must be verified with a copy of a certificate of completion or other verification to be applied towards maintenance hours. List workshops and hours completed below. NO CREDIT WILL BE GIVEN FOR INCOMPLETE INFORMATION! The annual requirement is 20 hours.***

- YES**, you may publish my name and contact information on the Utah Certified Interpreter List / UIP website.
- NO**. Do not publish my contact information.

_____ Date

_____ Interpreter Signature

For Division Use Only

Year 1 _____

Year 2 _____

Expiration Year _____

Return form and payment to

Utah Interpreter Program

5709 South 1500 West

Taylorsville UT 84123-5217