



Utah Interpreter Program

Educational Interpreter Performance Assessment (EIPA) Initial Certification Recognition

Please Print!

Name	Last	First	M.I.	Date
Address				New Address? Y N
City	State	Zip Code		
()	()	()	()	
Phone (home)		Phone (cell/other)		
/ /		E-mail address		
Date of Birth*				
Male Female (please circle)		<p><i>*PLEASE NOTE: This information is kept strictly confidential, and is used for identification only!</i></p>		

Please complete all that apply:

1. Date Utah Written Exam passed _____
(please include a photocopy of pass letter for verification)
2. Date EIPA Exam passed _____
(please include a photocopy of pass letter for verification)

Elementary EIPA Score

Roman I	Roman II	Roman III	Roman IV	Total Score
---------	----------	-----------	----------	-------------

Secondary EIPA Score

Roman I	Roman II	Roman III	Roman IV	Total Score
---------	----------	-----------	----------	-------------

Please include a photocopy of the EIPA pass letter for verification.

- YES**, you may publish my name and contact information on the Utah Certified Interpreter List / UIP website.
- NO**. Do not publish my name and contact information. I understand only my name and level will be pub-

*All of the information included on this application is true and correct
to the best of my knowledge.*

Signature

Date

**Make check for
recognition fee
payable to:**

Utah Interpreter Program
5709 South 1500 West / Taylorsville UT 84123-5217
801.263.4860 / 800.860.4860 (In Utah)

www.aslterpsutah.org

August 2009

Data
 Reviewed
 Approved