

Applicant: _____

Date rcvd: _____

WYOMING FORMULA FOR CONTRACT INTERPRETER BASE PAY
(Updated: May 8, 2014)

SIGN LANGUAGE INTERPRETER SKILLS CREDENTIALS (Check the HIGHEST that applies and provide the required documentation [shown in italics behind each] to substantiate the points you are seeking):

Other Special certificate (SC:L, etc.)	55 _____	<i>Current RID certificate or RID membership card</i>
CI and CT, CDI, CSC, RSC, NAD V, or NIC Master	50 _____	<i>Current NIC/NAD/RID certificate or RID membership card</i>
IC and TC	45 _____	<i>Current RID certificate or RID membership card</i>
CI or CT, NAD IV, OIC, NIC (since 12/1/11), or NIC Advanced	40 _____	<i>Current NIC/NAD/RID certificate or RID membership card</i>
IC or TC, NAD III, NIC (prior to 12/1/11), or RID Ed: K-12	35 _____	<i>Current NIC/NAD/RID certificate or RID membership card</i>
Other state certification (see requirements) or EIPA 3.5	30 _____	<i>Current state certification, Current EIPA certificate</i>
ITP, IPP, EIP, or EICP graduate	20 _____	<i>Certificate and official transcript</i>

LANGUAGE EXPERIENCE (If not claiming points for Sign Language Interpreter Skills Documentation category above):

Those who grew up using sign language as a primary language in their home, i.e. CODA 10 _____ *Name(s) + address(es) of Deaf parent(s)*

EDUCATION (Check the HIGHEST level attained):

Doctoral degree / 92 semester credit hours beyond a Bachelor's	10 _____	<i>Copy of transcripts</i>
Master's degree / 36 semester credit hours beyond a Bachelor's	8 _____	<i>Copy of transcripts</i>
Bachelor's/120 semester credit hours	6 _____	<i>Copy of transcripts</i>
Associate's/60 semester credit hours	4 _____	<i>Copy of transcripts</i>
High School Diploma/GED	1 _____	<i>Copy of diploma or transcripts</i>

EDUCATION SPECIFIC TO INTERPRETING/DEAFNESS:

Degree/Certification listed above is in interpreting/deafness field 6 _____ *Copy of transcripts or diploma*

PROFESSIONAL EXPERIENCE (60 hours per year paid interpreting after age 18):

25-26+ years	26 _____	<i>Copy of résumé</i>
23-24 years	24 _____	<i>Copy of résumé</i>
21-22 years	22 _____	<i>Copy of résumé</i>
19-20 years	20 _____	<i>Copy of résumé</i>
17-18 years	18 _____	<i>Copy of résumé</i>
15-16 years	16 _____	<i>Copy of résumé</i>
13-14 years	14 _____	<i>Copy of résumé</i>
11-12 years	12 _____	<i>Copy of résumé</i>
9-10 years	10 _____	<i>Copy of résumé</i>
7-8 years	8 _____	<i>Copy of résumé</i>
5-6 years	6 _____	<i>Copy of résumé</i>
3-4 years	4 _____	<i>Copy of résumé</i>
1-2 years	2 _____	<i>Copy of résumé</i>

PROFESSIONAL DEVELOPMENT (2-year cycle; Check the HIGHEST that applies):

- 40+ hours or 3 credit hour class 12 _____ Certificate with # of hours and class dates or transcript
- 30-39 hours or 2 credit hour class 10 _____ Certificate with # of hours and class dates or transcript
- 20-29 hours 8 _____ Certificate with # of hours and class dates
- 10-19 hours or 1 credit hour class 6 _____ Certificate with # of hours and class dates or transcript
- Passed RID/NIC written test (must be current) 6 _____ RID/NIC letter ≤ 5yr indicating passing score

Please note: Registration forms or Leave Requests will NOT be accepted as proof of attendance for Professional Development category points. Attendance must also be within the 2-year period prior to the contract period. No more than 10 hours can be in general studies; all other hours need to be related to interpreting.

PROFESSIONAL INVOLVEMENT (Check ALL that apply – MAX. PTS. 4):

- RID 2 _____ Copy of current membership card
- NAD 2 _____ Copy of current membership card
- WYRID 2 _____ Copy of current membership card
- Other (ASLTA, etc.) professional/advocacy organizations that deal with issues facing Deaf or hard of hearing persons 1 _____ Copy of current membership card or membership dues receipt

TOTAL POINTS EARNED:

Formula: _____ X .475 = \$ _____
Points Earned X Rate = Hourly Interpreting Rate (rounded up to the nearest \$.50)

Name: _____

Address: _____

City/State/Zip: _____

Phone: (W) _____ (H) _____ (C) _____

Email: _____

To assist in referral, list job-related special qualifications, knowledge, and skills and/or hours of availability. Include any additional foreign language skills (e.g. ASL to Spanish); specialized settings skills (e.g. medical, religious, mental health, rehabilitation, performing arts, VRS, VRI, etc.); and/or other specialized skills (e.g. tactile signing, cued speech, etc.).

I would like to be listed on the Wyoming Division of Vocational Rehabilitation’s Sign Language Interpreters List, which is distributed to agencies, businesses, and individuals interested in procuring the services of a sign language interpreter:

YES NO

Confidential Information: Pay Rate Address Work Phone Home Phone Cell Phone Email

I would like to be listed on the Division of Vocational Rehabilitation’s Website: YES NO

Confidential Information: Pay Rate Address Work Phone Home Phone Cell Phone Email

*Note: At least one method of contact must be available for Interpreters, whether on the list or on the website.

By signing below, I certify that all information provided on this form is true and accurate. My signature also authorizes the Division of Vocational Rehabilitation (DVR) to release my name, contact information and pay rate, unless marked as confidential.

Interpreter Signature

Date