## *Interpreter Directory Form*

NAME: ____________________________________________________________

HOME ADDRESS: ____________________________________________________

CITY/STATE/ZIP: ___________________________________________________

PHONE: __________________________ HOME

__________________________ WORK

__________________________ CELL

__________________________ FAX

EMAIL: ____________________________________________________________

COUNTY: __________________________________________________________

LEVEL OR TYPE OF CERTIFICATION: ____ NAD
____ RID
____ NCI

SPECIAL TRAINING: ____ LEGAL
____ MEDICAL
____ MENTAL HEALTH

PLEASE TELL US ANYTHING ELSE YOU WOULD LIKE INCLUDED IN THE DIRECTORY: ____________________________________________________

____________________________________________________________________

____________________________________________________________________

OPTIONAL (NOT TO BE INCLUDED IN DIRECTORY)

WHERE DO YOU WORK? ________________________________________

HAVE YOU TAKEN THE EIPA? ______________

If you would like your name added to the Directory for 2010-2012, you must complete this form and return it to the WVCDHH by **July 1, 2009**.

WVCDHH
Capitol Complex, Building 6, Room 863
Charleston, WV 25305