



BEI (The following information includes testing in Illinois and other states)

<input type="checkbox"/> First Attempt <input type="checkbox"/> Retake	If retake: Date?	If retake: In what state?
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Applicant Information

Name:	Maiden/Previous Name:	Birth date:		
Street address:	City:	State:	ZIP code:	County:
Daytime phone number:	Email address:			

Are you planning to interpret in the education K-12 setting?
 Yes No

Qualifying Questions

1. Have you passed the BEI Test of English Proficiency (TEP)? (attach a copy with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date?
2. Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you graduated from high school or passed the GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BEI Performance Tests

See IL BEI Performance Test Eligibility Requirements to know which test you are able to take.

Basic (Enclose \$250 fee) **Advanced** (Enclose \$275 fee) **Master** (Enclose \$300 fee)

Out of State Resident (Enclose additional \$35 fee)

Submittal Instructions

1. Complete and sign the form.
2. Attach a copy of your TEP results.
3. Send payment either by
 - a. Enclosing a check or money order payable to IDHHC); or
 - b. Make an electronic payment via E-Pay at <https://www.illinoispay.com/epay/GetSite?cmd=get&siteId=651>.
4. Mail, email, or fax to:

IDHHC
528 South 5th Street, Suite 209
Springfield, Illinois 62701
FAX: 217-557-4492
Dhh.interpreter@illinois.gov

Scheduling Testing Appointment

All testing will be conducted at the IDHHC office in Springfield, Illinois.

Once IDHHC receives and processes the fee and application form, IDHHC will send the candidates an acknowledgement and information regarding scheduling a testing appointment. All correspondence will be sent via email unless applicant requests otherwise.

Further information regarding the performance test can be found on IDHHC's website. <http://www2.illinois.gov/idhhc/Pages/bei.aspx>

Signature

I attest that all information provided in this application is accurate and true and agree to abide by the IL BEI Manual or the Illinois Interpreter for the Deaf Licensure Act of 2007 which requires anyone providing interpreting services to have a license. (Certification is not a license to practice interpreting.) I understand that my certificate is subject to suspension, revocation, or cancellation.

Applicant's signature:

Date:

X _____

This application is incomplete without the applicant's signature.

I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE. My signature above authorizes the Illinois Deaf and Hard of Hearing Commission to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Illinois Deaf and Hard of Hearing Commission

528 South 5th Street, Suite 209

Springfield, IL 62701

Voice: (217) 557-4495 or (877) 455-3323

Video Phone: (217) 303-8010

TTY: (888) 261-2698

<http://www.idhhc.illinois.gov>