

Illinois Deaf and Hard of Hearing Commission Deaf Interpreter Knowledge Based Test

IDHHC may use the information provided in this form to obtain criminal conviction records.

Applicant Information

Applicant's name:	Birth date:	Social Security number:		
Street address:	City:	State:	ZIP code:	County:

Contact Information

Daytime phone number: ()	Email address:
Cell phone number (optional): ()	Video phone number: ()

Statistical Information

Enter X to select one.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Auditory status :	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of hearing	<input type="checkbox"/> Hearing
Ethnicity (enter X to select one):	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino
Race (enter X to select all that apply):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	

Qualifying Questions

Enter X to select one.

1. Are you at least 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you graduated from high school or passed the GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Highest level of education:		
<input type="checkbox"/> High school diploma <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree		
4. Graduation from interpreter training program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what program?	Graduation date:	
5. Do you have a felony conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the conviction date?		

Scheduling Testing Appointment

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

Please submit this form along with the required fee to IDHHC. We will then contact you via email to schedule your testing appointment.

Proof of Identification

You must present a current photo ID to take a test.

Fee and Submittal Instructions

1. Enclose a check or money order payable to IDHHC for \$80 (for the fee).

2. Mail this form and the fee to

IDHHC

528 South 5th Street, Suite 209

Springfield, Illinois 62701

OR

3. Make an electronic payment via E-Pay at

<https://www.illinoisepay.com/epay/GetSite?cmd=get&siteId=651>; and

4. Mail this form to IDHHC.

Signature

As a candidate taking the Illinois Deaf Interpreter Knowledge Based test, I understand and agree to the following terms and conditions:

- Not to divulge the nature or content of the Illinois Deaf Interpreter Knowledge Based test questions under any circumstance;
- Engage in any unauthorized communication during testing;
- Remove or attempt to remove any testing materials, notes, or other items from the testing room.
- Take the test in a written English format.

I UNDERSTAND THAT ALL FEES THAT ARE NOT REFUNDABLE. I also attest that all information provided in this application is accurate and true and agree to abide by the Illinois Interpreter for the Deaf Act of 2007 and its rules including the Tenets of Professional Standards which incorporates RID Code of Professional Conduct. 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.

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: (866) 932-3630 or (217) 303-8010

TTY: (888) 261-2698

<http://www.idhhc.state.il.us>

Candidate Instructions

- Arrive 15 minutes before your scheduled test time. Register with the test monitor and complete required paperwork.
- Bring proper photo identification with you. Acceptable types of identification include driver's license, government identification, student photo id, employee photo ID card or current passport.
- Observe testing procedures to ensure that each person has equal testing time and that the operation of the testing site meets the criteria for standardized testing. The success of the test administration depends on your cooperation with these procedures.
- Set all electronic communication devices in the OFF position.
- Eating and Drinking are not permitted in the testing room.
- You will not be allowed to leave the testing room once the test has begun. It is recommended that you visit the restroom before your scheduled test time. If at any time during the test you leave the testing room, you will not be allowed to return and complete the test.
- The testing monitor will tell you when to start and when to stop work on the written test. Do not read or work on the test during a time not authorized by the test monitor. The test monitor will observe you throughout the test.
- The time allowed to complete the written test is one hour and 45 minutes.
- At the end of the test session, you will be required to return the test booklet and answer sheet to the test monitor. Do NOT remove test materials or notes from the testing room.
- You will receive notification of your test results within 30 days from the date of the exam.
 - If you pass your exam, you are eligible to apply for licensure at the intermediate proficiency level. You must submit the required application and licensure fees.
 - If you do not pass the exam you must wait for 6 months before applying to take the exam again.