



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

First Attempt  Retake

**If retake:**  
Date?

**If retake:**  
In what state?

**Applicant Information** (address must be your permanent residence and match your driver's license)

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

**Statistical Information**

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	
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		
Graduated from interpreter training program:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, what program?</b>	
	Graduation date:			

**Qualifying Questions**

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

**Fee and Submittal Instructions**

1. Complete and sign the form.
2. Send payment of \$80 for TEP fee either by
  - a. Enclosing a check or money order payable to IDHHC for \$80 (TEP fee); or
  - b. Make an electronic payment via E-Pay at <https://www.illinoisepay.com/epay/GetSite?cmd=get&siteId=651>.
 (Out of state residents pay an additional \$35 fee.)
3. Mail, email, or fax to:
 

**IDHHC**  
 528 South 5<sup>th</sup> Street, Suite 209  
 Springfield, Illinois 62701  
 FAX: 217-557-4492  
[Dhh.interpreter@illinois.gov](mailto: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 Test of English Proficiency 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 and 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 5<sup>th</sup> 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>