



LANGUAGE ACCESS PROFESSIONAL PROFILE FOR SIGN LANGUAGE INTERPRETER

TODAY'S DATE: _____

PERSONAL CONTACT INFORMATION

YOUR NAME:		CONTACT NUMBER(S):		<input type="checkbox"/> Cell
E-MAIL:				<input type="checkbox"/> Home

PHYSICAL ADDRESS

This address will be used to match assignments in your area.

ADDRESS:			
CITY, STATE ZIP CODE			

BUSINESS CONTACT INFORMATION

BUSINESS NAME:			
<i>The below address is where we will mail payments for services rendered. Check here if it is the same address as above.</i>			
ADDRESS:			
CITY, STATE ZIP CODE			

BUSINESS INFORMATION

Do you have a Business License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, we require a copy of your business license.
<i>If No, due to applicable laws, we cannot enter into a business relationship with you. We encourage you to obtain a business license.</i>		
Do you have General Liability Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Professional Liability Insurance? (Errors & Omissions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Medical Insurance/ Worker's Comp Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have Automobile Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered yes to any of the above questions, please provide a copy of your insurance documents.

PROFESSIONAL CERTIFICATION(S)

NATIONAL INTERPRETER CERTIFICATION

<input type="checkbox"/> (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)
<input type="checkbox"/> (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels) <input type="checkbox"/> NIC ADVANCED <input type="checkbox"/> NIC MASTER

REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES

<input type="checkbox"/> Ed:K-12	<input type="checkbox"/> CDI	<input type="checkbox"/> CI	<input type="checkbox"/> CT	<input type="checkbox"/> CI & CT	<input type="checkbox"/> IC	<input type="checkbox"/> TC	<input type="checkbox"/> IC/TC	<input type="checkbox"/> CLIP-R	<input type="checkbox"/> CSC
<input type="checkbox"/> MCSC	<input type="checkbox"/> OTC	<input type="checkbox"/> OIC:C	<input type="checkbox"/> OIC:S/V	<input type="checkbox"/> OIC:V/S	<input type="checkbox"/> RSC	<input type="checkbox"/> SC:L	<input type="checkbox"/> SC:PA		

NATIONAL ASSOCIATION OF THE DEAF (NAD)			
<input type="checkbox"/> NAD III	<input type="checkbox"/> NAD IV	<input type="checkbox"/> NAD V	
AMERICAN CONSORTIUM OF CERTIFIED INTERPRETERS (ACCI)			
<input type="checkbox"/> LEVEL III	<input type="checkbox"/> LEVEL IV	<input type="checkbox"/> LEVEL V	
EDUCATIONAL INTERPRETER CERTIFICATION(S)			
EDUCATIONAL INTERPRETER PERFORMANCE ASSESSMENT (EIPA)			
OVERALL ASSESSMENT SCORE:			
EDUCATIONAL SIGN SKILLS EVALUATION (ESSE)			
EXPRESSIVE SKILL RATING:		RECEPTIVE SKILL RATING:	
MEDICAL/ HEALTHCARE INTERPRETER			
Certification Commission for Healthcare Interpreters (CCHI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CoreCHI™	<input type="checkbox"/> CHI™
National Board of Certification for Medical Interpreters (NBCMI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hub-CMI	<input type="checkbox"/> CMI
OTHER PROFESSIONAL CERTIFICATIONS NOT PREVIOUSLY LISTED			
<i>List any <u>professional certifications</u> you have that are relevant to your interpreting training.</i>			
PROFESSIONAL MEMBERSHIP(S)			
Memberships:	<input type="checkbox"/> RID	<input type="checkbox"/> NAD	<input type="checkbox"/> SCRID
	<input type="checkbox"/> CHIA	<input type="checkbox"/> IMIA	
<i>List other professional memberships you have that are not listed above.</i>			

PROFILE INFORMATION

The following sections will ask questions about your education levels, cultural factors, years of experience, modes of interpreting, field setting experience, and the type of service and specialty you provide. Accommodating Ideas, Inc. uses this information in our advanced technology systems to make appropriate matches between consumers, customers, and interpreters.

EDUCATION LEVEL

Check all that apply:

<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> ASSOCIATES	<input type="checkbox"/> BACHELORS	<input type="checkbox"/> MASTERS
<input type="checkbox"/> DOCTORATE	<input type="checkbox"/> SOME COLLEGE	<input type="checkbox"/> INTERPRETING TRAINING PROGRAM	

List any education levels relevant to your interpreting training.

CULTURAL FACTORS

Native Speaker (Language)			
What is your ethnicity?			<input type="checkbox"/> Decline to state
Gender?			<input type="checkbox"/> Decline to state
Sign Language(s) other than ASL?			
<i>Check all that apply:</i>	<input type="checkbox"/> CODA	<input type="checkbox"/> SODA	<input type="checkbox"/> GODA

EXPERIENCE BACKGROUND

Years of professional interpreting experience?	
How many years of ASL fluency do you have?	

MODES OF INTERPRETING

For each section, select the mode of interpreting you provide and note the years of experience.

<input type="checkbox"/> SIMULTANEOUS		Yrs.	<input type="checkbox"/> CONSECUTIVE		Yrs.	<input type="checkbox"/> ASL		Yrs.
<input type="checkbox"/> TACTILE		Yrs.	<input type="checkbox"/> PRO TACTILE		Yrs.	<input type="checkbox"/> CASE		Yrs.
<input type="checkbox"/> SIGNED EXACT ENGLISH (SEE)		Yrs.	<input type="checkbox"/> PIDGIN SIGNED ENGLISH (PSE)		Yrs.			
<input type="checkbox"/> SIGN TO VOICE (RECEPTIVE)		Yrs.	<input type="checkbox"/> MANUALLY CODED ENGLISH (MCE)		Yrs.			
<input type="checkbox"/> SIGHT TRANSLATION		Yrs.	<input type="checkbox"/> ORAL/LIP READING		Yrs.			

List other modes of interpreting that you provide that are not listed above.

FIELD EXPERIENCE									
<i>For each section, select the type of interpreting setting experience you have and note the years of professional experience.</i>									
MEDICAL INTERPRETING SETTINGS									
<input type="checkbox"/> EXAMINATIONS		Yrs.	<input type="checkbox"/> PROCEDURES		Yrs.	<input type="checkbox"/> CONSULTATIONS		Yrs.	
<input type="checkbox"/> MENTAL HEALTH		Yrs.	<input type="checkbox"/> REHABILITATION		Yrs.	<input type="checkbox"/> ADMIN OFFICES		Yrs.	
EDUCATIONAL INTERPRETING SETTINGS									
<input type="checkbox"/> ED:K-12		Yrs.	<input type="checkbox"/> POST-SECONDARY		Yrs.	<input type="checkbox"/> (IEP)		Yrs.	
LEGAL INTERPRETING SETTINGS									
<input type="checkbox"/> ARBITRATIONS		Yrs.	<input type="checkbox"/> DEPOSITIONS		Yrs.	<input type="checkbox"/> HEARINGS		Yrs.	
<input type="checkbox"/> STATEMENTS		Yrs.	<input type="checkbox"/> TRIALS		Yrs.	<input type="checkbox"/> ATTORNEY CLIENT MEETINGS		Yrs.	
BUSINESS INTERPRETING SETTINGS									
<input type="checkbox"/> BUSINESS MEETINGS		Yrs.	<input type="checkbox"/> STAFF TRAININGS		Yrs.	<input type="checkbox"/> NEGOTIATIONS		Yrs.	
<input type="checkbox"/> TRADE CONFERENCE		Yrs.	<input type="checkbox"/> GOVERNMENT		Yrs.	<input type="checkbox"/> TECHNICAL		Yrs.	
COMMUNITY INTERPRETING SETTINGS									
<input type="checkbox"/> PRESS CONFERENCE		Yrs.	<input type="checkbox"/> CONFERENCE		Yrs.	<input type="checkbox"/> PLATFORM		Yrs.	
<input type="checkbox"/> RELIGIOUS		Yrs.							
THEATRICAL INTERPRETING SETTINGS									
<input type="checkbox"/> MUSICAL		Yrs.	<input type="checkbox"/> CONCERT		Yrs.	<input type="checkbox"/> CHILDREN'S CONCERT		Yrs.	
<input type="checkbox"/> COMEDY		Yrs.	<input type="checkbox"/> PLAYS		Yrs.	<input type="checkbox"/> CHILDREN'S PLAY		Yrs.	
OTHER INTERPRETING SETTINGS									
<i>List other interpreting settings not listed above, including your years of experience.</i>									
SERVICES AND SPECIALTY									
<i>Select the type of assignments you consider to be your specialty based on your years of experience, training or both. Your selection will assist us in alerting you to jobs that match your selected criteria:</i>									
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> LEGAL	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> COMMUNITY	<input type="checkbox"/> THEATRICAL				
<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> TACTILE			<input type="checkbox"/> TELIVISED		<input type="checkbox"/> PRESS CONFERENCE			
<input type="checkbox"/> OVER-THE-PHONE (OPI)				<input type="checkbox"/> VIDEO INTERPRETING (VI)					
<i>List other type of assignments you consider your specialty.</i>									

<i>Do you provide trilingual services? If yes, in what language(s)?</i>								
	<>		<>		Years of experience:			
	<>		<>		Years of experience:			
AVAILABILITY								
WEEKDAYS	<input type="checkbox"/> 12:00 AM	<input type="checkbox"/> 1:00 AM	<input type="checkbox"/> 2:00 AM	<input type="checkbox"/> 3:00 AM	<input type="checkbox"/> 4:00 AM	<input type="checkbox"/> 5:00 AM	<input type="checkbox"/> 6:00 AM	<input type="checkbox"/> 7:00 AM
	<input type="checkbox"/> 8:00 AM	<input type="checkbox"/> 09:00 AM	<input type="checkbox"/> 10:00 AM	<input type="checkbox"/> 11:00 AM	<input type="checkbox"/> 12:00 PM	<input type="checkbox"/> 01:00 PM	<input type="checkbox"/> 2:00 PM	<input type="checkbox"/> 3:00 PM
	<input type="checkbox"/> 4:00 PM	<input type="checkbox"/> 5:00 PM	<input type="checkbox"/> 06:00 PM	<input type="checkbox"/> 07:00 PM	<input type="checkbox"/> 08:00 PM	<input type="checkbox"/> 09:00 PM	<input type="checkbox"/> 10:00 PM	<input type="checkbox"/> 11:00 PM
WEEKENDS (please list time(s)):								
RATES								
ACCOMMODATING IDEAS, INC. RATE TERMS								
<i>Accommodating Ideas Inc. standard rate terms are listed to the right and are subject to change dependent on the available assignment.</i>			<ul style="list-style-type: none"> On-site assignments are paid at a 2hr. minimum (30 min. increments thereafter) When applicable, mileage is paid at the current IRS rates. (maximum limits vary) VI assignments are paid at a 1hr. minimum and 15 min, increments thereafter. Theatrical assignments are paid at a rate and negotiated per venue. 					
<i>Please note that all rates may be up for negotiation and agreed upon prior to entering into an agreement and/or an assignment.</i>								
HOURLY RATE			TRILINGUAL RATE			THEATRICAL RATE		
Regular rate:			Regular rate:			Regular rate:		
Emergency rate:			Emergency rate:			Emergency rate:		
<i>Please list any additional comments you may have on your asking rate(s).</i>								
PROFILE SUMMARY								
<i>Use the below section as a summary of your education, skills, career experience, and career goals or anything you would like to share with us about you. Please use additional sheets if needed.</i>								
We appreciate your time and attention in completing the LAP Profile, please send it to the AI Recruiter at airecruiting@ai-ada.com								
Thank you! We look forward to the opportunity of working together, ACCOMMODATING IDEAS, INC.								