

LANGUAGE ACCESS SOLUTIONS









## LANGUAGE ACCESS PROFESSIONAL PROFILE FOR SIGN LANGUAGE INTERPRETER

TODAY'S DATE:

PERSONAL CONTACT INFORMATION  YOUR NAME: CONTACT NUMBER(S): CONTACT INFORMATION  BUSINESS NAME: CONTACT INFORMATION  BUSINESS NAME: CONTACT INFORMATION  BUSINESS INFORMATION  Do you have a Business License: CONTACT INFORMATION  Do you have a Business License: If No, due to applicable laws, we cannot enter into a business relationship with you. We encourage you to obtain a business license.  If No, due to applicable laws, we cannot enter into a business relationship with you. We encourage you to obtain a business license.  Do you have General Liability Insurance? (Errors & Omissions)										
PHYSICAL ADDRESS  This address will be used to match assignments in your area.  ADDRESS:  CITY, STATE ZIP CODE  BUSINESS CONTACT INFORMATION  BUSINESS NAME:  The below address is where we will mail payments for services rendered. Check here if it is the same address as above.  ADDRESS:  CITY, STATE ZIP CODE  BUSINESS INFORMATION  Do you have a Business			PERS	ONAL CON	TACT I	NFORM	ATION	Ŋ		
E-MAIL:  PHYSICAL ADDRESS  This address will be used to match assignments in your area.  ADDRESS:  CITY, STATE ZIP CODE  BUSINESS CONTACT INFORMATION  BUSINESS NAME:  The below address is where we will mail payments for services rendered. Check here if it is the same address as above.  ADDRESS:  CITY, STATE ZIP CODE  BUSINESS INFORMATION  Do you have a Business License?  If No, due to applicable laws, we cannot enter into a business relationship with you. We encourage you to obtain a business license.  If No, due to applicable laws, we cannot enter into a business relationship with you. We encourage you to obtain a business license.  Do you have General Liability Insurance?  Do you have Professional Liability Insurance? (Errors & Omissions)  Do you have Medical Insurance/ Worker's Comp Coverage?  Yes No Do you have Automobile Insurance?  ### PROFESSIONAL CERTIFICATION(S)  NATIONAL INTERPRETER CERTIFICATION  (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)  NIC ADVANCED NIC MASTER  REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Bel:K-12 CDI CI CT CI	YOUR NAME:				CONTA	CT NI IMI	DED(C).			☐ Cell
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ADDRESS:  CITY, STATE ZIP CODE  BUSINESS INFORMATION  Do you have a Business License?	BUSINESS NAM	ME:								
BUSINESS INFORMATION  Do you have a Business License?	The below address	s is where we	will mail pa	yments for serv	ices render	ed. Ch	eck here	if it i	s the same o	address as above
BUSINESS INFORMATION  Do you have a Business License?	ADDRESS:			-						
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Do you have General Liability Insurance?   Yes   No	<u> </u>	Business	☐ Ye	s No If ye	s, we requ	ire a copy	of your b	ousiness	license.	
Do you have Professional Liability Insurance? (Errors & Omissions)  Do you have Medical Insurance/ Worker's Comp Coverage?  Do you have Automobile Insurance?  Yes 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  (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)  (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)  REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Ed:K-12 CDI CI CI CI CI CI CSC		icable laws, v	ve cannot en	ter into a busin	ess relation	iship with y	ou. We e	ncourag	e you to obt	ain a business
Do you have Medical Insurance/ Worker's Comp Coverage?  Do you have Automobile Insurance?  If you answered yes to any of the above questions, please provide a copy of your insurance documents.  PROFESSIONAL CERTIFICATION(S)  NATIONAL INTERPRETER CERTIFICATION  (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)  (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)  NIC ADVANCED NIC MASTER  REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Ed:K-12 CDI CI CT CI & CT CSC	Do you have G	eneral Liabi	lity Insuranc	ce?						Yes No
Do you have Automobile Insurance?  If you answered yes to any of the above questions, please provide a copy of your insurance documents.  PROFESSIONAL CERTIFICATION(S)  NATIONAL INTERPRETER CERTIFICATION  (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)  (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)  NIC ADVANCED NIC MASTER  REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Ed:K-12 CDI CI CI CT CI CI CC CCC	Do you have P	rofessional I	Liability Insu	rance? (Errors	& Omiss	ions)				Yes 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  (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)  (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)  NIC ADVANCED   NIC MASTER  REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Ed:K-12   CDI   CI   CT   CI & CT   IC   TC   IC/TC   CLIP-R   CSC	Do you have M	1edical Insur	ance/Work	er's Comp Cov	verage?					Yes No
PROFESSIONAL CERTIFICATION(S)  NATIONAL INTERPRETER CERTIFICATION  (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)  (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)  NIC ADVANCED  NIC MASTER  REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Ed:K-12  CDI  CI  CT  CI & CT  CSC	Do you have A	Do you have Automobile Insurance?								
NATIONAL INTERPRETER CERTIFICATION  (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)  (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)  NIC ADVANCED  NIC MASTER  REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Ed:K-12  CDI  CI  CI  CI  CI  CI  CI  CSC	If you answered y	es to any of t	he above que	stions, please p	rovide a co	opy of your	insuranc	e docum	ents.	
□ (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)         □ (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)       □ NIC ADVANCED       □ NIC MASTER         REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES         □ Ed:K-12       □ CDI       □ CI       □ CI       □ CI       □ CI       □ CSC			PROFE	ESSIONAI	CERT	TIFICA'	TION	<b>(S)</b>		
□ (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels)       □ NIC ADVANCED       □ NIC MASTER         REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES         □ Ed:K-12       □ CDI       □ CI       □ CT       □ CI & CT       □ IC       □ TC       □ IC/TC       □ CLIP-R       □ CSC	NATIONAL INTERPRETER CERTIFICATION									
REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES  Bed:K-12 DI CI CI CT CI & CT DIC CI CI CI CI CSC	☐ (NIC) NATIONAL INTERPRETER CERTIFICATION (without levels)									
□ Ed:K-12 □ CDI □ CI □ CT □ CI & CT □ IC □ TC □ IC/TC □ CLIP-R □ CSC	☐ (NIC) NATIONAL INTERPRETER CERTIFICATION (with levels) ☐ NIC ADVANCED ☐ NIC MASTER									
	REGISTRY OF INTERPRETERS FOR THE DEAF (RID) CERTIFICATES									
☐ MCSC ☐ OTC ☐ OIC:C ☐ OIC:S/V ☐ OIC:V/S ☐ RSC ☐ SC:L ☐ SC:PA	☐ Ed:K-12 ☐	CDI C	I CT	☐ CI & CT	☐ IC	□ тс		IC/TC	CLI	P-R CSC
	☐ MCSC ☐	OTC	OIC:C	OIC:S/V	/	DIC:V/S	R	SC	SC:L	, SC:P

NATIONAL ASSOCIATION OF THE DEAF (NAD)									
□ NAD III □ NAD IV □ NAD V									
AMERICAN CONSORTIUM OF CERTIFIED INTERPRETERS (ACCI)									
LEVEL I	LEVEL III LEVEL IV LEVEL V								
ED	UCATION	AL INTERPRETE	R CEI	RTIFI	CATION(S)				
EDUC	ATIONAL IN	TERPRETER PERFOR	MANC	E ASSE	ESSMENT (EIPA	)			
OVERALL ASSESSM	ENT SCORE:								
	EDUCAT	IONAL SIGN SKILLS E	VALUA	ATION	(ESSE)				
EXPRESSIVE SKILL	RATING:	REC	EPTIVE	SKILL	RATING:				
	MEDICA	AL/ HEALTHCAR	E INT	ERPR	ETER				
Certification Commissi	on for Healthca	re Interpreters (CCHI)	Yes	□ No	☐ CoreCHI™	□СНІ™			
National Board of Certi	fication for Med	dical Interpreters (NBCMI)	Yes	□ No	☐ Hub-CMI	□СМІ			
OTHER PRO	FESSIONA	AL CERTIFICATION	ONS N	OT P	REVIOUSLY	LISTED			
List any professional c	<u>ertifications</u> yo	ou have that are relevant to	your in	terpretir	ıg training.				
PROFESSIONAL MEMBERSHIP(S)									
Memberships:	RID		RID		CHIA	☐ IMIA			
List other professional	memberships	you have that are not listed	l above.						

## **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.

customers, and interpreters.											
EDUCATION LEVEL											
Check all that apply:											
☐ HIGH SCHOOL	OCI	ATES		☐ BACHELORS ☐ MASTERS							
DOCTORATE		1E C	OLLEGE	LLEGE INTERPRETING TRAINING PROGRAM							
List any education levels	relevant to	yoi	ır interpre	eting	training.						
			CUI	LTUR	RAL FA	CTORS					
Native Speaker (Languaş	ge)										
What is your ethnicity?									☐ Decline	to state	
Gender?									☐ Decline	to state	
Sign Language(s) other t	han ASL?					1			1		
Check all that apply:			□ CODA □ SODA							GODA	
			EXPER	IENC	E BAC	KGROUN	D				
Years of professional inte	erpreting e	xpei	rience?								
How many years of ASL	fluency do	o yo	u have?								
						PRETING					
For each section, select t	the mode o	f int	erpreting	уои р	provide a	ind note the	e ye	ars of exp	perience.		
	)	Yrs.	CON	SECU	JTIVE	,	Yrs.	ASI			Yrs.
☐ TACTILE	,	Yrs.	☐ PRO	TAC	TILE	,	Yrs.	CAS	SE		Yrs.
☐ SIGNED EXACT EN	IGLISH (SI	EE)		Yrs.  PIDGIN SIGNED ENGLISH (PSE)					H (PSE)		Yrs.
SIGN TO VOICE (RI		Yrs.	MANUALLY CODED ENGLISH (MCE)						Yrs.		
SIGHT TRANSLATI		Yrs. ORAL/LIP READING						Yrs.			
List other modes of interpreting that you provide that are not listed above.											

Accommodating Ideas, Inc. 3632 Smith Avenue #698 Acton, CA. 93510 Toll free: 800.257.1783 Fax: 866.399.4332 E-mail: <a href="mailto:aiterps@ai-ada.com">aiterps@ai-ada.com</a> www.ai-ada.com

FIELD EXPERIENCE										
For each section, select the type of interpreting <b>setting experience</b> you have and note the years of professional experience.										
	N	IEDICAL INTERF	PRETING SET	TIN	NGS					
□ EXAMINATIONS	Yrs.	Yrs. ☐ PROCEDURES Yrs. ☐ CONSULTATIONS								
☐ MENTAL HEALTH     Yrs.     ☐ REHABILITATION     Yrs.     ☐ ADMIN OFFICES										
EDUCATIONAL INTERPRETING SETTINGS										
☐ ED:K-12	Yrs.	☐ POST-SECOND	ARY	Yrs.	☐ (IEP)		Yrs.			
LEGAL INTERPRETING SETTINGS										
☐ ARBITRATIONS	Yrs.	☐ DEPOSITIONS		Yrs.	□ HEARINGS					
STATEMENTS	Yrs.	☐TRIALS		Yrs.	ATTORNEY CLIENT MEETINGS					
	В	USINESS INTERF	PRETING SET	TIN	NGS	·				
☐ BUSINESS MEETINGS	Yrs.	☐ STAFF TRAINI	NGS	Yrs.	□ NEGOTIATIONS		Yrs.			
☐ TRADE CONFERENCE	Yrs.	☐ GOVERNMENT		Yrs.	☐ TECHNICAL		Yrs.			
COMMUNITY INTERPRETING SETTINGS										
☐ PRESS CONFERENCE	Yrs.			Yrs.			Yrs.			
RELIGIOUS	Yrs.									
THEATRICAL INTERPRETING SETTINGS										
☐ MUSICAL	Yrs.	☐ CONCERT	3		☐ CHILDREN'S CONCERT		Yrs.			
☐ COMEDY	Yrs.	☐ PLAYS		Yrs.	☐ CHILDREN'S PLA	Y	Yrs.			
		OTHER INTERP	RETING SETT	IN	GS					
List other interpreting se	ettings not list	ed above, including	your years of ex	per	ience.					
	(	SERVICES AN	ID SPECIAL	LT	Y					
Select the type of assignment Your selection will assist						raining or botl	h.			
□ MEDICAL         □ EDUCATIONAL         □ LEGAL         □ BUSINESS         □ COMMUNITY         □ THEAT							AL			
☐ MENTAL HEALTH	□ MENTAL HEALTH     □ TACTILE     □ TELIVISED     □ PRESS CONFERENCE									
□ OVER-THE-PHONE (OPI) □ VIDEO INTERPRETING (VI)										
List other type of assignments you consider your specialty.										

Do you provide	e trilingual	services? If	yes, in what l	anguage(s)	?					
		<>	<>				Years of experience:			
		<>		<>		3	Years of experie	ence:		
AVAILABILITY										
	] 12:00 AM	☐ 1:00 AM	2:00 AM	☐ 3:00 AM	[ ☐ 4:00 AM	☐ 5:00 A	M 🔲 6:00 AN	M ☐ 7:00 AM		
WEEKDAYS	] 8:00 AM	☐ 09:00 AM	☐ 10:00 AM	☐ 11:00 A	М 🔲 12:00 PM	□ 01:00 F	PM 2:00 PM	1 ☐ 3:00 PM		
	] 4:00 PM	☐ 5:00 PM	☐ 06:00 PM	☐ 07:00 PM	И 🗌 08:00 РМ	☐ 09:00 F	PM 🔲 10:00 P	M 🔲 11:00 PM		
WEEKENDS (please list time(s)):										
				RATES	8					
		ACCO	MMODATI	NG IDEAS	, INC. RATE	TERMS				
terms are listed t subject to change	<ul> <li>Accommodating Ideas Inc. standard rate terms are listed to the right and are subject to change dependent on the available assignment.</li> <li>On-site assignments are paid at a 2hr. minimum (30 min. increments thereafter)</li> <li>When applicable, mileage is paid at the current IRS rates. (maximum limits vary)</li> <li>VI assignments are paid at a 1hr. minimum and 15 min, increments thereafter.</li> <li>Theatrical assignments are paid at a rate and negotiated per venue.</li> </ul>									
Please note that	all rates ma	ıy be up for ne	gotiation and a	agreed upon	prior to entering	g into an agr	reement and/or	an assignment.		
HOU	RLY RA	TE	TRI	LINGUAI	RATE	TH	THEATRICAL RATE			
Regular rate:	:		Regular ra	ite:		Regul	lar rate:			
Emergency rate:	:		Emergency ra	ite:		Emergen	cy rate:			
Please list any ac	dditional co	mments you m	ay have on yo	ur asking rai	e(s).					
			PROF	ILE SUN	MARY					
Use the below se					experience, and	career goal	ls or anything y	ou would like to		
share with us about you. Please use additional sheets if needed.										
We appreciate you	We appreciate your time and attention in completing the LAP Profile, please send it to the AI Recruiter at <a href="mailto:airecruiting@ai-ada.com">airecruiting@ai-ada.com</a>									
Thank you! Wo	e look for	ward to the	opportunity	of workin	g together, A	CCOMMO	ODATING II	DEAS, INC.		

Accommodating Ideas, Inc. 3632 Smith Avenue #698 Acton, CA. 93510 Toll free: 800.257.1783 Fax: 866.399.4332 E-mail: <a href="mailto:aiterps@ai-ada.com">aiterps@ai-ada.com</a> www.ai-ada.com