



Language Access Professional Bio

CONTACT INFORMATION

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Fax _____ Email _____

SIGN LANGUAGE

How many years of experience? _____

- | | | | |
|----------------------|------------------------------|------------------------------|--|
| Certified | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Type _____ |
| Pre-Certified | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Written Test? _____ Passed? _____ |
| Memberships | <input type="checkbox"/> NAD | <input type="checkbox"/> RID | <input type="checkbox"/> SCRID |
| ITP Attended | Where _____ | | |

Modes of communication (Check all that apply)

- PSE Tactile ASL Oral Sign to Voice
 Other _____

Type of experience (Check all that apply)

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Legal | <input type="checkbox"/> Medical | <input type="checkbox"/> Business | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Educational K-12 | <input type="checkbox"/> Post secondary | <input type="checkbox"/> Religious | <input type="checkbox"/> Government |
| <input type="checkbox"/> Video Interpreting | <input type="checkbox"/> Community | <input type="checkbox"/> Theatrical | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Other _____ | | | |

***If you also interpret a spoken language, please fill out the section below:

SPOKEN LANGUAGE

How many years of experience? _____

Please list the languages you provide services for:

- | | | |
|----------|----------|----------|
| 1) _____ | 3) _____ | 5) _____ |
| 2) _____ | 4) _____ | 6) _____ |

- | | | |
|--|------------------------------|-----------------------------|
| Certified | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Federal Certification # | _____ | |
| <input type="checkbox"/> Court Certification/Registration# | _____ | |
| <input type="checkbox"/> Medical Certification # | _____ | |
| <input type="checkbox"/> Administrative Hearing # | _____ | |
| <input type="checkbox"/> Judicial Council Registered # | _____ | |
| <input type="checkbox"/> Court Approved Where? | _____ | |

Modes of communication (Check all that apply)

- Consecutive Simultaneous Whisper Sight Translations Translations

Type of experience (Check all that apply)

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Legal | <input type="checkbox"/> Medical | <input type="checkbox"/> Business | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Educational K-12 | <input type="checkbox"/> Post secondary | <input type="checkbox"/> Religious | <input type="checkbox"/> Government |
| <input type="checkbox"/> Video Interpreting | <input type="checkbox"/> Community | <input type="checkbox"/> Theatrical | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Telephone Interpreting | | | |
| <input type="checkbox"/> Other _____ | | | |

OTHER AGENCIES

COVERAGE AREAS

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Antelope Valley | <input type="checkbox"/> San Fernando Valley | <input type="checkbox"/> Santa Clarita Valley | <input type="checkbox"/> Orange County |
| <input type="checkbox"/> LA Metro | <input type="checkbox"/> South Bay / South LA | <input type="checkbox"/> Glendale/Pasadena | <input type="checkbox"/> Riverside |
| <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Inyo & Kern County | | |
| <input type="checkbox"/> Other _____ | | | |