

MCDHH Legal Interpreter Screening Application

Name: _____

Address: _____

Email address: _____

Qualifications

ASL Interpreters must be Nationally Certified and/or MCDHH Approved as generalists with a minimum of 5 years' experience in the community. Deaf Interpreters (CDI/SDI) must have a minimum of 3 years' experience in the community.

Please select your Qualifications below:

☐ SC:L/BEI Legal or equivalent State Legal license* (Proof of legal credentials required)

☐ MCDHH State Screened/RID/BEI General certified (please refer to the Legal Verification below)

*Please provide a link to the state licensure requirement for legal credentialing.

Are you on the MCDHH Contract (MCD06)?

☐ Yes ☐ No

If you are not an MCDHH Contractor, are you interested in joining the MCDHH contract?

☐ Yes ☐ No

Legal Screening Verification

If you don't have SC:L, please submit the following documentations with the information below as necessary for each category. Include those documents as attachment with this application.

1. Trainings:

- MCDHH requires a minimum of 80 hours of Foundation in Legal Interpreting and/or other equivalent legal trainings. (RID Transcripts/Proof of trainings required)

2. Experience:

- Please fill out the Legal Verification Form.
- Provide all relevant legal interpreting experience.

3. Court/Legal Induction Hours:

- MCDHH requires a minimum of 100 hours of court/legal induction with an interpreter who holds the SC:L or who is MCDHH approved, or who can document that they are equivalently qualified in another state.

- Please include dates, name of mentor/inductor and their certification or equivalent qualifications to work in court settings. Submit log if available.

4. **References:**

- Letter of Recommendations from 2 Legal interpreters and 1 professional recommendation. The Legal interpreters must hold the SC:L or is MCDHH approved, or who can document that they are equivalently qualified in another state. Please have the letters emailed directly to MCDHHScreening@mass.gov.
- Please look at next page for references.

References

Please provide three professional interpreting references:

Deaf Interpreter

Name: _____

Relationship: _____

Email address: _____

Deaf Professional (Advocate, Attorney, Case Manager)

Name: _____

Relationship: _____

Email address: _____

ASL/Spoken English Interpreter

Name: _____

Relationship: _____

Email address: _____

All the information provided in this application is true to the best of my knowledge.

Signature

Date