



**State Of Michigan**  
**Department of Labor & Economic Growth**  
**Division on Deaf and Hard of Hearing**  
**National Certification Registration Form**  
**Mandated by PA 204- 2007 - Sections 393.508 a-e**

Office use only:

<b>Fee Schedule:</b> C3 Account Code - 8040	Date received: _____ Ck/MO Number: _____
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**As a result of the amendments made to the Deaf Persons' Interpreter Act, 2007 PA 204 it is now required that all nationally certified interpreters register annually with the State of Michigan Division on Deaf and Hard of Hearing (DODHH) to be considered qualified to interpret in Michigan. Your registration serves to ensure you are in compliance with state law. Each qualified interpreter's name and credentials will appear on the online database as required by the statute, although you may also choose to list additional contact information by selecting those options on this registration form. Annual renewal letters will be sent to you after the receipt of your application, fee and credentials and issuance of your initial registration.**

**Send registration, copy of current national credentials and \$30 payment to the "State of Michigan" (check or money order only) to:**  
**MCDC-DODHH, Attn: RID Registration/Renewal Fee**  
**201 N. Washington Square, Suite 150, Lansing, MI 48913**  
 Your registration will be effective upon receipt by DODHH and you will be sent a confirmation document. For more information regarding the interpreter law or testing procedures, please call DODHH at (877) 499-6232 or (517) 335-6004 or visit the website at [www.mcdc-dodhh.org](http://www.mcdc-dodhh.org). Thank you.  
 \*Non-sufficient funds (NSF) fees will apply and may affect your compliance with this mandate.

**NAME: (print or type)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone :** **Home** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please list your current national credential(s) here -** \_\_\_\_\_

**\*Your name and credentials will be listed on the online interpreter database as mandated by 2007 PA 204**

\_\_\_\_\_ **Please check here if you would like your contact information also included in the online directory.**

**Registrant:** Please check upon completion, enclosed is the following:

- \_\_\_ Completed registration form
- \_\_\_ Payment of \$30 (check or money order) \*see box above for address
- \_\_\_ Legible copy of all current national interpreting credential(s)