***Interpreter Certification Resource Center (ICRC)***

***2024 Certification Renewal Fee Form***

***(PLEASE PRINT INFORMATION)***

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QA ID:\_\_\_\_\_\_\_\_\_\_ID # REQUIRED**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State**:**\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Please read, initial each statement, and sign.***

**I acknowledge, if I am ICRC/QAST certified, the following information is public information and will be published on the Oklahoma State Department of Rehabilitation Services (DRS) Interpreter Registry for consumers that utilize interpreters: Your Name, City/State, QA levels, and if SDE registered and approved.**

**Yes: \_\_\_\_**

**Do you want your email address listed on the DRS Interpreter Registry? Yes: \_\_\_\_\_ No:\_\_\_\_\_**

**I am nationally certified and would like my credential listed on the DRS Interpreter Registry, a copy of my certification of good standing letter is enclosed. (WILL NOT BE LISTED IF COPY OF LETTER IS NOT PROVIDED).**

**Yes: \_\_\_\_**

**I received and read the ICRC CEU Maintenance Guidelines.**

**Yes: \_\_\_\_**

**If I function in any capacity as a K-12 educational interpreter, I understand my responsibility to register with Oklahoma State Department of Education.**

**Yes: \_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

***\*\*Return this signed form and fee by January 31, 2024\*\****

**Make check or money order payable to: DRS – Fund 218 (Cash not accepted).**

**Mail signed form and $50.00 fee to the exact address listed below:**

***SDHH/ICRC, 5005 N. Lincoln Blvd, #205, Oklahoma City, OK 73105***

**FOR OFFICE USE ONLY – $\_\_\_\_\_\_\_\_\_\_\_**

**Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_\_\_\_ MO# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**