CAMDEN COUNTY COLLEGE

Educational Interpreter Professional Development Center (EIPDC)

REGISTRATION FORM

Mail Form	Fax Form
Educational Interpreter Professional Development Center (EIPDC) Camden County College P.O. Box 200, College Drive Blackwood, NJ 08012	**856-374-5056** Email: EIPDC@camdencc.edu

Title ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other: _____

Name: _____
Last First Middle

Address: _____
Number (Apt.) Street

_____
City State Zip County

Telephone: Home: _____-_____-_____ Work: _____-_____-_____ Cell: _____-_____-_____

E-mail Address: _____

Have you completed an Interpreter Education Program? ☐ Yes☐ No

If yes, where and what year?
_____

Are you currently employed as an Educational Interpreter**?** ☐ Yes ☐ No

If yes, please provide the name and address of school, job title, and contact information _____

_____

Do you currently possess NJ Educational Interpreter Certification/Licensure? ☐ Emergency ☐ Standard

What mode of interpreting/transliterating are you currently using with the students?
☐ ASL ☐ PSE/Contact Language ☐ Oral Transliteration ☐ Cued Speech ☐ Other _____

Check all that you have completed:
☐ High School Diploma/GED ☐ Certification_____ ☐ College _____
(Type) (Degree)

If so, which college did you attend? _____

Will you be registering for credit classes at CCC**?** ☐ Yes ☐ No ☐ Don't Know

Which areas of professional development are you interested in**?**

☐ ASL ☐ Mentoring ☐ PSE or Contact Language ☐ Workshops ☐ Oral Transliteration ☐ In-Services
☐ Cued Speech ☐ Summer Institute ☐ Course Work ☐ Other _____

PLEASE PROVIDE A LETTER OF RECOMMENDATION FROM YOUR SUPERVISOR TO VERIFY THAT YOU ARE CURRENTLY WORKING IN A NEW JERSEY PRE-K-12 EDUCATIONAL ENVIRONMENT.

By signing this registration, you may have the option of participating in the following services: Pre-Assessment of Skills, EIPA, Professional Skills Improvement Plan, and Post-Assessment. These activities will provide opportunities for upgrading skills in preparation for the NJ Educational Interpreter requirements for certification/licensure.

Privacy Policy: Personal information requested on this form will only be used for official purposes. This information will not be shared with third parties for any reason.

Signature: _____ **Date:** _____