Date of Application

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| 2017 MHIT Interpreter INSTITUTE application | | | |
| ***Please Type or Print Clearly -*** *You may submit the information in alternative formats.* | | | |
| **First Name** **Last Name** | | **Deaf**  **Hearing**  **H/H** | |
| **Address** | | | |
| **City** | **State** | | **Zip** |
| **Telephone**  **VP** | **Alumni Yes  Year?** **No** | | |
| **Mobile Phone** | **Additional Info** | | |
| **Email** **(please print email clearly, as this will be the main point of contact)** | | | |
| education and experience (Items below are used for criteria scoring – please answer each item completely) | | | |
| FORMAL EDUCATION, including any professional training or degrees: | | | |
|  | | | |
| INTERPRETING CERTIFICATION AND/OR LICENSURE and/or CLINICAL DEGRESS, CERTIFICATION, LICENSURES | | | |
|  | | | |
| INTERPRETING EXPERIENCE indicating whether full or part time and years of experience: | | | |
|  | | | |
| INVOLVEMENT IN THE MENTAL HEALTH COMMUNITY AND/OR LANGUAGE COMMUNITY (Include memberships in Mental Health Organizations, professional Interpreting organizations such as RID, Deaf-related organizations, etc. | | | |
|  | | | |
| CONTINUING EDUCATION including workshops, conferences and seminars you have attended within the past twenty four months relating to Interpreting Mental Health (include dates, workshop titles, and presenters): | | | |
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| ADDITIONAL INFORMATION (including substantial trainings in Mental Health, Demand Control Schema, etc.): | | | |
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| participant agreement **www.mhit.org** | | | | | | | |
| By signing below, i understand THE FOLLOWING STATEMENTS: | | | | | | | |
| Confidentiality of any and all client related information shared during the workshop must be maintained by the participant in accord with federal and state HIPAA policies and all policies of Department of Mental Health (ADMH). | | | | | | | |
| Participant agrees to participate in scheduled activities for the workshop, including, but not limited to: presentations; practice sessions; discussions; lectures; and any other class sessions deemed appropriate by the instructor(s). Participant agrees to complete evaluations as scheduled by the instructor(s) including, but not limited to: pre- and post-testing; information summaries; quizzes; written testing; program and presentation evaluations; etc. Attendance at events designated as optional is at the individual participant’s discretion. | | | | | | | |
| First time attendees and non-alumni participants agree to attend the core MHIT sessions and are not eligible for participation in alumni courses. | | | | | | | |
| Participant agrees that any work submitted to the Mental Health Interpreter Training Project (MHIT) including written, video- or audio-taped, becomes the property of ADMH and that all rights to that material belong to the Department and may be put to such use as deemed appropriate by ADMH and its employees. | | | | | | | |
| Workshop materials including textbooks, articles, videos and other materials deemed appropriate by the instructor(s), become the responsibility of the workshop participant once in receipt of these materials. | | | | | | | |
| In order to be recognized as a qualified mental health interpreter (QMHI) by ADMH according to Alabama Code Chapter 580-3-24, individuals must be licensed as interpreters in Alabama or otherwise eligible to work at an equivalent level, and must complete the following requirements; which will extend beyond the duration of the workshop including, but not limited to, completion of forty hours of clinical mental health interpreting practicum under the direction of an approved practicum supervisor as set forth in MHIT Practicum Guidelines and successfully pass a written examination administered by the Office of Deaf Services (ODS). | | | | | | | |
| Individuals who are not licensed (or otherwise eligible to work at an equivalent level) may participate in the MHIT Institute, but are not eligible to participate in the practicum or examination process. | | | | | | | |
| Candidates for the Alabama MHIT Interpreter Institute are selected based by a screening process that ranks the suitability of registrants for available vacancies based on the categories listed as part of the application process. Part of the selection criteria may be based on willingness of qualified participants to complete the entire sequence. Those selected to attend will be notified by mail and/or electronic mail. Candidates not selected will be notified and kept informed of upcoming ODS-sponsored events. In the event a candidate is not selected, registration fees will be refunded. No voice interpreting will be provided. | | | | | | | |
| Materials and program may not copied, including any workshop materials distributed to the participant by the instructor(s) as a part of the necessary or auxiliary course materials without the prior, express and written consent of the ODS through its Director or authorized agents. Materials include but are not limited to: syllabi and course curricula, articles, outlines, videotapes or any other materials. Participant agrees not to conduct workshops or other training events based on this material, without express written permission from the presenter and MHIT administration. | | | | | | | |
| The Department, workshop planners, instructors and ancillary staff, and the workshop site and facility personnel shall not be held responsible for any liability, physical or otherwise, for the duration of the workshop. | | | | | | | |
| Awarding of continuing education units is solely at the discretion of and the responsibility of credentialing bodies and is not governed or affected by ADMH or ODS rules and policies. Continuing education units are available for Interpreters and possibly for Nurses, Social Workers, Psychologists and Counselors, when requested in advance. Individuals receiving continuing education must be present for the entire activity. | | | | | | | |
| Completed application must be signed and returned prior to participation in MHIT. I have read and understand refund policies as described by MHIT. | | | | | | | |
| signature | | | | | | | |
| Signature | | | | Date |  | | |
| Will you require ADA-mandated accommodations? | | | | | | | |
| *Specify accommodations nee*ded | | | | | | | |
| **REGISTRATION FEES** | | | | | | | |
|  | **Thru Feb 28** | **March 1 - April 15** | **April 16 — May 31** | | | **After May 31** | **Day Rate** |
| **Participants** | $290 | $340 | $390 | | | $425 | $100 |
| **Alumni** | $165 | $215 | $265 | | | $310 | $85 |

**Check should be written to ADARA**

Completed application with and check should be returned to: **Office of Deaf Services,** P.O Box 301410, Montgomery, AL 36130. Email: [Application@mhit.org](mailto:Application@mhit.org) 334-353-7415 (Voice) 334-239-3780 (VP) 334-242-3025 (Fax)

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