



Maritime Association of Professional Sign Language Interpreters

P.O. Box 2625, Halifax, N.S. B3J 3P7

Directory of Active Members Consent Form

I agree to have the following information published in the Directory of Active Members 2005/2006 Edition (please print):

Name _____

City _____

Phone (V and/or TTY) _____ Cell _____

E-mail _____

Our consumers, especially our Deaf consumers, like to see a visual image of members. If MAPSLI were to arrange a head and shoulders digital photo of you, to be included with this information, would you be interested?

YES NO

BACKGROUND INFORMATION

If you graduated from an interpreter education program, what program was it (where?) and what year did you graduate?

In what settings do you mostly work? (circle all that apply)

K-12 Community Post Secondary AEIP (instructor)

Check all that apply to you:

- | | | | | |
|-------------------------------------|--------------------------|---|------------|--------------------------|
| Written Test of Knowledge (WTK) | <input type="checkbox"/> | Bachelors degree | _____ | <input type="checkbox"/> |
| Certificate of Interpretation (COI) | <input type="checkbox"/> | Masters | _____ | <input type="checkbox"/> |
| Translation Bureau Screening | <input type="checkbox"/> | PhD | | <input type="checkbox"/> |
| NB Screening | | Educational Interpreter Proficiency Assessment (EIPA) | | |
| | - Level III | | Elementary | <input type="checkbox"/> |
| | - Level II | | Secondary | <input type="checkbox"/> |
| | - Level I | | | <input type="checkbox"/> |

Signature _____ Date _____