



Celebrating 60 Years of Service
Deaf and Hard of Hearing Services of Lancaster County
1810 Oregon Pike
Lancaster, PA 17601-6470

PRIVATE PRACTICE INTERPRETER FORM

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CONTACT NUMBERS:

HOME: _____ WORK: _____

CELL: _____ BEEPER: _____

E-mail: _____ FAX: _____

Text messaging available? Check one ___ YES ___ NO

1) Please submit a copy of your certifications to DHHS with this form.

2) How do you prefer to receive notification of open interpreting assignments(if more than one, list in order of preference). _____

3) How do you prefer to receive notification that you are confirmed for a specific assignment (notification will include detailed information about the assignment)?

4) Please list your interpreting interests/preferences/specialties. _____

5) Please list interpreting assignments you will not accept (include things like types of assignments, distance from home, all-day assignments, etc.). _____

6) Are you interested in on-site interpreting? ___ YES ___ NO

7) Are you interested in Video Remote Interpreting (VRI) interpreting? ___ YES ___ NO

Signed _____ Date _____