



## Interpreter Change Form

Please fax completed form to: 612-884-2232

Form updated: Dec. 21, 2020

Date : \_\_\_\_\_  
Interpreter Agency's Name: \_\_\_\_\_  
Interpreter Agency's Provider Number: \_\_\_\_\_  
Interpreter Agency's Phone: \_\_\_\_\_  
Contact Person's Name: \_\_\_\_\_  
Contact Person's Phone: \_\_\_\_\_  
Contact Person's Email: \_\_\_\_\_

### Interpreter Information

First Name	_____	Middle Name	_____	Last Name	_____
Date of Birth	_____	Social Security Number	_____	MDH Roster ID #	_____
Address	_____				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Language(s)	_____	
Interpreter status with your agency:	<input type="checkbox"/> Employed	<input type="checkbox"/> Contracted	Is this a new interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Hire	_____	Date of Termination	_____		

### Complete the following section for new interpreters

Resume on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Test score and other relevant information from the hiring and screening process on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Signed copy of the agency's Code of Ethics on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date when criminal background check was completed	_____			
Date when Office of Inspector General (OIG) background check was completed	_____			
Date when Excluded Parties List System (EPLS) background check was completed	_____			
Proof of current immunizations recommended by CDC for healthcare professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date orientation completed	_____			
Date ongoing training completed	_____			
What is the interpreter's date of enrollment on the MDH Roster of Spoken Language Interpreters?	_____			