

**WYOMING FORMULA FOR  
CONTRACT INTERPRETER BASE PAY  
(Updated: March 30, 2006)**

**SIGN LANGUAGE INTERPRETER SKILLS DOCUMENTATION (Check the HIGHEST that applies):**

Other Special certificate (SC:L, etc.)	55 _____
CI and CT, CDI, CSC, RSC, NAD V, NIC Master IC/TC	50 _____
CI or CT, NAD IV, OIC, NIC Advanced	45 _____
IC or TC, NIC NAD III	40 _____
Other state certification (see requirements)	35 _____
EIPA $\geq$ 3.5	30 _____
ITP, IPP, EIP, or EICP graduate	25 _____
	20 _____

**LANGUAGE EXPERIENCE (If not claiming points for Sign Language Interpreter Skills Documentation category above):**

Those who grew up using sign language as a primary language in their home, i.e., CODA	10 _____
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**EDUCATION (Check the HIGHEST level attained):**

Doctoral degree / 92 semester credit hours beyond a bachelor's	10 _____
Master's degree / 36 semester credit hours beyond a bachelor's	8 _____
BA/BS/120 semester credit hours	6 _____
AA/AS/60 semester credit hours	4 _____
High School Diploma/GED	1 _____

**EDUCATION SPECIFIC TO INTERPRETING/DEAFNESS:**

Degree/Certification listed above is in interpreting/deafness field	6 _____
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**PROFESSIONAL EXPERIENCE (60 hours per year paid interpreting):**

25-26 years	26 _____
23-24 years	24 _____
21-22 years	22 _____
19-20 years	20 _____
17-18 years	18 _____
15-16 years	16 _____
13-14 years	14 _____
11-12 years	12 _____
9-10 years	10 _____
7-8 years	8 _____
5-6 years	6 _____
3-4 years	4 _____
1-2 years	2 _____

**PROFESSIONAL DEVELOPMENT (2-year cycle; Check the HIGHEST that applies):**

40+ hours	12 _____
30-39 hours	10 _____
20-29 hours	8 _____
10-19 hours	6 _____
Passed RID/NIC written test (must be current)	6 _____

**PROFESSIONAL INVOLVEMENT (Check ALL that apply – MAX. PTS. 4):**

RID/NAD	2 _____
WYRID	2 _____
DAW	1 _____
Other (ASLTA, PepNet, etc.)	1 _____

**TOTAL POINTS EARNED:**

**Formula:** \_\_\_\_\_ X .475 = \$ \_\_\_\_\_  
Points Earned X Rate = Hourly Rate (rounded up to the nearest \$.50)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (W) \_\_\_\_\_ (H) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I would like to be listed on the Wyoming Division of Vocational Rehabilitation's Sign Language Interpreters List, which is distributed to agencies, businesses, and individuals interested in procuring the services of a sign language interpreter:  YES  NO

Confidential Information:  Pay Rate  Address  Work Phone  Home Phone  E-mail

I would like to be listed on the Division of Vocational Rehabilitation's Website:  YES  NO

Confidential Information:  Pay Rate  Address  Work Phone  Home Phone  E-mail

\*Note: At least one method of contact must be available for Interpreters, whether on the list or on the website

**By signing below, I certify that all information provided on this form is true and accurate. My signature also authorizes the Division of Vocational Rehabilitation (DVR) to release my name, contact information and pay rate, unless marked as confidential.**

\_\_\_\_\_  
**Interpreter Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
RID Certified Interpreter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WYRID Checklist Committee Member Signature

\_\_\_\_\_  
Date