Dear Applicant:

Thank you for your interest in becoming an Individual Interpreting Vendor or Group Interpreting Agency Vendor. Registration with MyFloridaMarketPlace (MFMP) and the Florida Department of Financial Services (DFS) is required before becoming eligible to provide services. In accordance with Section 413.208 and Section 435.04, Florida Statutes. Any employee expected to provide direct care services to vulnerable persons, as well the Administrator, Chief Financial Officer, and Director of the Service Provider, must be fingerprinted and have screened by Vocational Rehabilitation Background Screening Unit.

Please read the application carefully, and complete in its entirety. Please email, mail, or fax completed application and all required documentation to:

Division of Vocational Rehabilitation
Bureau of Vendor & Contracted Services
325 West Gaines Street, Suite 1144
Tallahassee, Florida 32399-0400
Fax Number: 850-245-3394
Email: VRVendors@vr.fldoe.org

If you have any questions that pertain to this application, please contact Vendor Registration Unit at 850-245-3401, 1-866-580-7438 or VRvendors@vr.fldoe.org.

Once your re registration has been approved you will receive notification and instructions, via e-mail on how to complete the requested background screening. Once all steps of the background screening are completed you will receive a registration letter listing the staff approved to provide services to our VR clients, including their background screening expiration date.

Thank you for your invaluable contribution to helping people with disabilities find and maintain their employment and enhance their independence. We look forward to working with you.

Division of Vocational Rehabilitation
Vendor Registration Unit

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
SIGN LANGUAGE INTERPRETER SERVICES APPLICATION

Applicant Information			
MYFLORIDAMARKETPLACE (Federal Tax ID) NUMBER OR SOCIAL SECURITY NUMBER :			
AGENCY OR INDIVIDUAL NAME*:			
AUTHORIZED AGENT NAME & TITLE**:			
MAILING ADDRESS:			
	City	State	Zip Code + Four Digits
REMITTANCE ADDRESS:			
	City	State	Zip Code + Four Digits
PRIMARY TELEPHONE NUMBER:		FAX NUMBER:	
CONTACT NAME:		CONTACT PHONE NUMBER:	
EMAIL ADDRESS:			

Vendor Status

Individual Interpreting Vendor ☐ ☐ Group Interpreting Agency Vendor

Availability

Please complete the **DVR Areas and Counties to be Served** form. Check all counties where you are available to provide services.

Confidentiality

Interpreter(s) must adhere to the industry's accepted Code of Professional Conduct as designed by RID. In particular, confidential information shall not be used or disclosed for any purpose beyond those required for billing VR for the services.

Accepted Qualifications/Credentials

All interpreters providing services to VR Customers must hold current and appropriate credentials and relevant memberships. Interpreter(s) to qualify for registration must possess one of the following credentials:

- Registry of Interpreters for the Deaf (RID): CSC; IC or TC; CI or CT; NIC; NIC Advanced; NIC Master; NAD III, IV or V; RSC; or CDI.
- Interpreters holding Boys Town National Research Center's EIPA level 4.0-5.0.
  - Holders of this credential will submit to VR the EIPA results once showing that testing stimulus used was the Secondary Education material and will maintain annual RID Associate membership for the duration of providing services under this application.
- Interpreters holding the Board for Evaluation of Interpreters (BEI) credentials.
  - Holders of any of the BEI credentials will additionally maintain annual RID Associate membership for the duration of providing services to VR under this application.

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VR Background Screening Requirements

Pursuant to Section 413.208, Florida Statute, any person employed by, or otherwise engaged on behalf of, the approved Sign Language Interpreting Vendor (including sign language interpreter(s)) AND the Vendor's Administrator, Financial Officer, Board members, and any person with direct, face-to-face contact with Vocational Rehabilitation customers) are required to undergo a Level 2 Background Screening via the AHCA Care Provider Background Screening Clearinghouse (the Clearinghouse).

Upon preliminary approval of the Sign Language Interpreting Vendor application, the vendor will be sent instructions on how to obtain the screening through the Clearinghouse. The registration will remain in a "pending" status until screening(s) are approved.

Proof of Interpreter Qualifications

All interpreters who are providing services for VR Customers must maintain current credentials and relevant RID membership. The Sign Language Interpreting Vendor agrees to only schedule an interpreter(s) to fill VR assignments who have one of the approved accepted Qualifications/ Credentials listed above and have satisfied the Background Screening. Any deviation from this requirement shall be pre-approved by VR Vendor Registration Unit prior to the interpreting assignment. Upon request by VR, the Vendor agrees to and shall present proof of current credentials and relevant RID membership in order to maintain a current vendor registration status.

Individual Interpreters
Individual interpreter vendors must provide proof of current credential and RID membership at time of application and on a yearly basis thereafter.

Group Interpreting Agencies
Group Interpreting Agencies must submit proof of credentials for each new additional interpreter added to the Sign Language Employee Contact Form. Proof of credential will include copies of documentation of passing scores on the BEI or EIPA accompanied by an RID Associate membership OR an RID card indicating Certified.

The Division will conduct routine monitoring of services provided to VR Customers. Group Interpreting Agencies must be able to provide proof that the interpreter indicated on the invoice held current credentials and membership at the time services were rendered.

Invoicing Requirements

Individual Interpreting Vendors and Group Interpreting Agency Vendors must submit an Invoice on company letterhead to submit billing for services to VR. The invoice must contain the interpreter's name and current credentials. Failure to submit this information may result in a delay in Invoice processing.

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SIGN LANGUAGE INTERPRETER APPLICATION

Agency Only: Employee/Contractor Contact Form and Semi-annual

All staff assigned to work with VR customers must be approved by VR's Vendor Registration Unit before providing services. Group Interpreting Agencies must submit the attached Employee/Contractor Contact Form with initial registration. After the initial registration, agencies must submit the Semi-annual Employee/Contractor Report no more than 15 days after the 1st day of the months of January and July.

The Interpreting Vendor must submit a new Sign Language Interpreter Employee/Contractor Contact Form to the VR Vendor Registration Unit within five (5) days of hiring interpreters if the new interpreter may be selected for providing direct services for VR assignments. Newly hired employees may not provide services to VR customers until VR has approved and registered the employee and the Level 2 Background Screening has been cleared.

The Interpreter Vendor must also submit a Sign Language Interpreter Employee/Contractor Contact Form to the VR Vendor Registration Unit within five (5) days of termination to remove any employee who will no longer provide direct services to VR Customers under the Interpreting Agency.

Expiration

Individual Interpreters
Registration is renewed yearly based on proof of current credentials and relevant RID membership, or until it is cancelled by either party or by default as determined by VR.

Group Interpreting Agencies
Registration in effect for five (5) years, or until it is cancelled by either party, or by default as determined by VR.

Acknowledgment and Signature

I hereby acknowledge that I am authorized to make application to become an approved Sign Language Interpreter vendor. I further acknowledge that I have read and agree to be bound by the terms of registration outlined in this application. If approved, I/we agree to accept and render services to customers of the Division of Vocational Rehabilitation (VR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation, or belief.

Failure to adhere to any and all requirements under this application may result in revocation of registration status, termination of all rights to provide sign language interpreting services, and withholding of payment for any services provider to VR Customers during the time period that the interpreter Vendor was out of compliance.

_____ _____
Signature Date

_____
Printed Name & Title

*This should be the same name reflected in MFMP, and your registration with the Department of State, Division of Corporations.
**The authorized agent must have the authority to sign binding documents on behalf of the Agency.

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
SIGN LANGUAGE INTERPRETER SERVICES

EMPLOYEE/CONTRACTOR CONTACT FORM FOR GROUP AGENCY

Provider Name: _____ **Federal tax ID number: _____**

ADD OR DELETE EMPLOYEE	NAME	EMAIL	PHONE	CREDENTIALS	VR USE BACKGROUND SCREENING

AUTHORIZED AGENT NAME:	**DVR USE ONLY:**
EMAIL ADDRESS:	**APPROVED BY: _____**
DATE:	**DATE:_____**

MUST SUBMIT COPY OF CREDENTIALS
SUBMIT TO VR VENDOR REGISTRATION VIA
FAX: 850-245-3394
OR
EMAIL: vrvendors@vr.fldoe.org

*ADD MORE PAGES AS NEEDED

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
SIGN LANGUAGE INTERPRETER SERVICES
SEMI-ANNUAL EMPLOYEE/CONTRACTOR REPORT FOR GROUP AGENCY

Provider Name: _____
Vendor (Federal tax ID): _____
Date: _____

☐ 1st Semi-annual: July 1st- December 31st
☐ 2nd Semi-annual: January 1st- June 30th

List ALL interpreters providing direct services, and any staff changes that have occurred since the previous reporting period. Staff changes include any interpreter(s) added to or deleted from the Employee Roster of the VR Background Screening Clearinghouse*. A deleted interpreter will not be completely removed from the Clearinghouse. Assignments cannot be issued to a deleted interpreter or to an interpreter that has not been approved and background screened.

413.208(2) requires Administrators, Chief Financial Officers and Directors be background screened. Has there been changes in personnel for any these positions since the last reporting period? ☐ YES ☐ NO
If YES, these person(s) must be background screened. Contact VR Vendor Registration for further details.

Interpreter Name	New Since Last Report?	Date Added	Date Deleted
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		

***Maintaining your employee roster in the Clearinghouse is a requirement of Florida Statute 435.12(2)(c).**

Submit Report to vrvendors@vr.fldoe.org or via fax 850-245-3394

ADMINISTRATOR & BOARD MEMBER REGISTRATION FORM FOR GROUP AGENCY

PROVIDER: _____ **FEDERAL ID#** _____

TITLE/ROLE	NAME	EMAIL	PHONE	*DVR USE ONLY: DATES OF APPROVAL*
ADMINISTRATOR				
FINANCIAL OFFICER				
DIRECTOR				
BOARD MEMBER				
BOARD MEMBER				
BOARD MEMBER				

Add additional lines as needed.

ADMINISTRATOR Chief Executive Officer - The highest level individual responsible for the day-to-day operations of the providing agency

FINANCIAL OFFICER Chief Financial Officer - The highest level individual responsible for the financial operations of the providing agency (if applicable and different from Administrator)

DIRECTOR Members serving on the Board of Directors (if applicable)

*Only list the administrator if the same individual will serve as administrator, financial officer and director.

If amendments are made to the above-named roles after registration. A new form must be completed with updated or new personnel; all new personnel must be background screened. Send to vrbackgroundchecks@vr.fldoe.org or fax to 850-245-3394.

DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
SIGN LANGUAGE INTERPRETER APPLICATION

DOE/VR AREAS & COUNTIES WHERE SERVICES WILL BE PROVIDED

Vendor Name: _____ **FEID#:** _____

Name of Authorized Representative: _____

***Check all that apply:**

☐ Area One	☐ Area Two	☐ Area Three	☐ Area Four	☐ Area Five	☐ Area Six
☐ Escambia	☐ Columbia	☐ Lake	☐ Pinellas	☐ Charlotte	☐ Miami-Dade
☐ Santa Rosa	☐ Union	☐ Sumter	☐ Hillsborough	☐ Lee	☐ Monroe
☐ Okaloosa	☐ Gilchrist	☐ Seminole	☐ Hernando	☐ Collier	
☐ Walton	☐ Dixie	☐ Orange	☐ Pasco	☐ Hendry	
☐ Holmes	☐ Clay	☐ Osceola		☐ Glades	
☐ Jackson	☐ St. Johns	☐ Brevard		☐ Manatee	
☐ Washington	☐ Nassau	☐ Polk		☐ Sarasota	
☐ Calhoun	☐ Baker	☐ Hardee			
☐ Liberty	☐ Putnam	☐ DeSoto			☐ **Area Seven**
☐ Bay	☐ Duval	☐ Highlands			☐ Palm Beach
☐ Gulf	☐ Alachua	☐ Indian River			☐ Broward
☐ Franklin	☐ Bradford	☐ St. Lucie			
☐ Gadsden	☐ Levy	☐ Martin			
☐ Leon	☐ Marion	☐ Okeechobee			
☐ Wakulla	☐ Citrus				
☐ Jefferson	☐ Flagler				
☐ Madison	☐ Volusia				
☐ Hamilton					
☐ Taylor					
☐ Suwannee					
☐ Lafayette					