



**Nebraska Commission for the Deaf and Hard of Hearing**  
**Quality Assurance Screening Test (QAST)**  
**Written Exam Application**

The fee for the written test is \$25.00.

Payment **must** be received in advance.

- Complete the US Citizenship Attestation form if you have not done so already.
- Make checks payable to the Nebraska Commission for the Deaf and Hard of Hearing (NCDHH).
  - Mail check, application and US Citizenship form (if required) to:  
Nebraska Commission for the Deaf and Hard of Hearing  
4600 Valley Road, Ste 420  
Lincoln NE 68510-4844

The information below is not shared with the test proctors or evaluators prior to your test.

Today's Date: \_\_\_\_\_ (month / date / year)  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_\_  
\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Ce ll  
Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Testing Location: ♦ Lincoln ♦ Omaha ♦ North Platte ♦ Other: \_\_\_\_\_

**Background Information**

- Have you completed an Interpreter Training Program? ♦ Yes ♦ No
  - If yes, name of the program: \_\_\_\_\_
- Date of graduation from the program: \_\_\_\_\_ (month/year)
- Is this your first time testing? ♦ Yes ♦ No

Current QAST Level:

Interpreting: \_\_\_\_\_ Interpreting Expiration Date: \_\_\_\_\_

Transliterating: \_\_\_\_\_ Transliterating Expiration Date: \_\_\_\_\_

*This section is filled out by NCDHH staff.*

Method of Payment: ♦ Check ♦ Cash ♦ Other: \_\_\_\_\_

Date of Payment: \_\_\_\_\_ (month/date/year) Amount Paid: \_\_\_\_\_

Testing on Exam Set: ♦ A ♦ B ♦ C ♦ D