

INTERPRETING IN MENTAL HEALTH SETTINGS REGISTRATION FORM

I AM a/an (check one of the following):

_____ Interpreter (\$5.00)

_____ Deaf Interpreter (FREE!)

_____ Other (\$5.00)

_____ Student (FREE!)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ RID# _____

Email: _____

(This is where your link to the workshop evaluation will be emailed)

Please submit this completed registration form postmarked by **Friday, September 16th**.

If applicable, include cash, money order or check made payable to
NCDHH for **\$5.00** and mail to:

NCDHH
4600 Valley Road, Suite 420
Lincoln, NE 68510
ATTN: Mental Health Interpreting Workshop

Questions? Please contact Sharon Sinkler, Interpreter Program Coordinator at
sharon.sinkler@nebraska.gov or (402) 471-3065.

There are no refunds and no partial CEUs will be awarded.

NCDHH promotes an environment of mutual respect, free of discrimination based on
gender, sexual orientation, race, religion, or any other protected class.

Workshop presented in ASL.

If you need reasonable accommodations, please contact Sharon Sinkler **PRIOR TO SEPTEMBER 9, 2022**