

INTERPRETER'S ACKNOWLEDGMENT AND AGREEMENT

I am an interpreter for a language other than sign language.¹ I have received and reviewed a copy of the *Kansas Code of Professional Responsibility for Court Interpreters* and agree to adhere to all canons and provisions contained therein.

Interpreter's Printed Name

Agency Name (if applicable)

Agency Telephone (if applicable) or Interpreter's Telephone

Agency Email (if applicable) or Interpreter's Email

Language(s) Spoken

Interpreter's Signature

Date

Return this completed form to:

[Insert Local Coordinator's contact information, including: name, address, telephone, fax, tty number, email]

¹ Kansas sign language interpreters certified by or registered with the Kansas Commission for the Deaf and Hard of Hearing abide by the National Registry of Interpreters for the Deaf (RID) Code of Professional Conduct.