

*Please note: For a semester class, the number of CEUs equals 1.5 semester credits (i.e. a 3 credit course = 4.5 CEUs). For a quarter class, the number of CEUs equals 1 quarter credit (i.e. a 3 credit course = 3 CEUs).

RID, Inc. is hereby authorized to verify documentation sent by me and may contact my health care providers concerning any information I have sent RID pertaining to the nature and extent of my hearing loss. My health care providers are authorized to provide RID, Inc. all information pertaining to me regarding treatment, examination, testing or care pertaining to my hearing loss.

Signed: _____ Date: _____
(REQUIRED)

SPECIAL ACCOMMODATIONS

If you have a disability or need that requires special accommodation, official verification and documentation of the need for accommodation MUST accompany this application. Please submit all three of the following:

1. A written request from you stating the disability or impairment, its potential impact on testing performance, and the requested accommodation(s).
2. A photocopy of your government-issued ID card (such as a driver's license) that clearly identifies you as the requestor of the special accommodation(s)
3. Documentation of a formally diagnosed and qualified disability by a qualified professional who has provided evaluation or treatment for you. The professional must be a licensed healthcare provider who has been personally involved in the diagnosis or treatment of the disability for which you are requesting accommodation, or an educational or testing professional who has previously provided you with testing accommodations similar to those requested. The documentation letter you obtain from that professional must be on official stationery and include the following information:
 - identification of the specific disability/diagnosis
 - a brief description of the disability
 - the approximate date the disability was first diagnosed/identified
 - identification of the tests/protocols used to confirm the diagnosis
 - a description of past accommodations made for the disability, if applicable
 - an explanation of the need for the testing accommodation(s)
 - the professional's signature, title, and contact information

RID is committed to protecting the privacy and confidentiality of the candidate's condition. However, sufficient documentation is required to be able to evaluate and provide necessary accommodations. This information will not be shared or released outside of the exam administration.

CDI KNOWLEDGE EXAM AGREEMENT

IMPORTANT: Please read the following statement and description of the RID exams. All applicants must sign below to acknowledge that they have read and will abide by the following agreement.

I understand and agree that all materials developed and used in the exam that I am applying to take are the copyrighted property of the Registry of Interpreters for the Deaf, Inc. (RID), which are not-for-profit organization; that the exam and exam results are likewise the property of RID and are not to be shared, duplicated or disseminated in any fashion; that such are not diagnostic in nature and can be used for no purpose other than as intended by RID; and that the scores and method of grading cannot be reviewed by anyone (myself included) except by those authorized by RID to evaluate and/or grade. **Exam appeals will not be considered on the basis of rater decision/judgment (Motion 96.03).**

I have read and understood the conditions and requirements placed on me by RID in taking the exam applied for and do agree to abide by all of these and the rules for taking the exam as set out by RID. I hold harmless RID, its officers, agents, and employees from any and all liability, except intentional wrongdoing, in the offering, taking, grading, and reporting of these exams. I agree to adhere to the RID Code of Professional Conduct. I understand and agree to all the above statements above and certify that I am 18 years or older.

Signed: _____ Date: _____
(REQUIRED)

RID shall not discriminate in matters of certification testing or membership on the basis of age, color, creed, disability, ethnicity, hearing status, national origin, race, religion, gender or sexual orientation.

Please send completed application, full payment, and supporting documentation to:

RID
 Certification Dept
 333 Commerce Street
 Alexandria, VA 22314

CDI KNOWLEDGE EXAM PAYMENT

Please submit full payment with this application

Exam	Member Fee*	Non-Member Fee	Payment
CDI Written English or ASL	\$200.00	\$255.00	\$
CDI Written English or ASL Retake**	\$140.00	\$165.00	\$
<p align="center">Payment Options:</p> <p>Money Order or Check # _____ Date _____ (Checks should be made payable to RID, Inc.)</p> <p align="center"><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p> <p>Credit Card #: _____ Expiration Date: _____</p> <p>Print name as shown on credit card: _____</p> <p>Billing address, if different from applicant's address:</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p>Signature: _____ (signature required for processing credit card transaction)</p>			<p>Total Amount Enclosed (U.S.)</p> <p>\$</p> <p>If you request a refund, RID deducts \$40 from the original fee. If it has been more than two years from your original payment date only credit can be requested.</p> <p>Questions about exam billing can be directed to the Certification Department at certification@rid.org or 703-838-0030.</p>
<p>* You must be an RID Associate, Student or Certified Member in good standing to qualify for the Member Rate ** You must have taken this exam at least once within the last five years in order to qualify for the Retake Fee</p>			