Exhibit AA3

ARIZONA DEPARTMENT OF ECONOMIC SECURITY – Rehabilitation Services Administration
CE&I Support and Consultation on Traumatic Brain Injury and Traumatic Spinal Cord Injury Services

AFFIRMATION OF QUALIFICATIONS

Vendor Company Name: _____

I affirm that _____, an ☐ employee OR ☐ subcontractor:

☐ Shall be supervising services as described in the Service Specifications and
- ☐ Has a Master's Degree and documentation of one (1) year of experience providing similar services to the target population; or
- ☐ A Bachelor's degree and documentation of two (2) years of experience providing similar services to the target population; or

☐ Does not have the above qualifications but will provide services under this Service Specification and has a high school diploma or G.E.D and will be under the supervision of personnel who meet the criteria in 2.3.1 of the Service Specification.

☐ Is communicating in American Sign Language while providing services directly to a VR Client and has one (1) or more of the following certifications:
- ☐ A valid Arizona Sign Language Interpreter license.
- ☐ Certification by the Registry of Interpreters for the Deaf (RID):
  - ☐ National Interpreter Certification (NIC) NIC, including NIC Advanced or NIC Master; or
  - ☐ Certified Deaf Interpreter (CDI). The CDI will be utilized alone or in conjunction with a hearing interpreter as necessary based on the VR client's language needs; or
  - ☐ Certificate of Interpretation (CI); or
  - ☐ Certificate of Transliteration (CT); or
  - ☐ Comprehensive Skills Certificate (CSC); or
  - ☐ Interpreter Certification (IC); or
  - ☐ Transliteration Certificate (TC).
- ☐ Certification by the Board for Evaluation of Interpreters: Basic, Advanced, Master, Court Interpreter Certificate.
- ☐ Certification by the National Association of the Deaf (NAD), level IV or V.
- ☐ A documented Sign Communication Proficiency Interview (SCPI) rating of Intermediate or above.
- ☐ A valid and current American Sign Language Teacher's Certification (ASLTA), Qualified or Professional levels.
- ☐ Will be providing services in a foreign language and has basic competence in the subject language and is able to interpret effectively, accurately and impartially.

In signing below, I affirm that this person has the qualifications noted above and the documentation is on file with this business.

_____	_____	_____
Printed Name	Title:	Date: