

ARIZONA DEPARTMENT OF ECONOMIC SECURITY – Rehabilitation Services Administration
Audiology Services

AFFIRMATION OF QUALIFICATIONS

Vendor Company Name: _____

I affirm that _____, an employee OR subcontractor, shall be providing direct services to VR Clients as stated in the Service Specifications and meets the following qualifications:

For providing Audiological Examinations:

Is a Doctor of Audiology (AUD).

For providing Audiology Evaluation services:

- Is an Audiologist licensed by the Arizona Department of Health Services (DHS) Division of Licensing Services Special Licensing Team in accordance with the Arizona Revised Statute § 36- 1901; and
- Is allowed to practice audiology and engage in dispensing hearing aids.

Is communicating in American Sign Language while providing services directly to a VR Client and has one 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 direct services to VR Clients under the Service Specifications in a foreign language and has basic competence in the subject language and is able to interpret effectively, accurately and impartially.

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

Printed Name

Title

Date