



Registry of Interpreters for the Deaf, Inc.

NAD - RID NATIONAL INTERPRETER CERTIFICATION KNOWLEDGE EXAM COMPUTER-BASED TEST (NIC CBT)

Name: Mr. Ms. _____
First Name Middle Initial Last Name Suffix

RID Account #: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Do you hold any NAD or RID certifications? Yes No If yes, please list: _____

NIC KNOWLEDGE EXAM ELIGIBILITY

Candidate **MUST** be at least 18 years old to take the exam.

Currently Certified Members of RID in good standing holding one of the following certificates: CI, CT, CSC, MCSC, IC, TC, IC/TC, NAD III, NAD IV, NAD V do not need to take the NIC Knowledge Exam. This does not include Ed:K-12 Certified Members.

IMPORTANT

1. This exam is a computer-based test (CBT) that is proctored by CASTLE WorldWide, Inc., a company with vast experience in the testing industry that provides testing in the most expeditious and secure manner possible.
2. CASTLE WorldWide has more than 260 exam sites available. To view available exam sites and dates please visit the link:
https://www.castleworldwide.com/tds_v5/asp/site_availability_search.asp
Username: CASTLE, Password: cwwnetwork
4. The NIC Knowledge CBT is NOT administered at RID Supersites

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.

AGREEMENT

IMPORTANT: Please read the following statement and description of the NAD-RID NIC 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 National Association of the Deaf (NAD) and the Registry of Interpreters for the Deaf, Inc. (RID), which are not-for-profit organizations; that the exam and exam results are likewise the property of NAD and 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 NAD and RID; and that the scores and method of grading cannot be reviewed by anyone (myself included) except by those authorized by NAD and 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 NAD and 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 NAD and 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 also agree to adhere to the RID Code of Professional Conduct and certify that I am 18 years or older. I understand and agree to the above statements.

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
 Cert & Ed Dept
 333 Commerce St
 Alexandria, VA 22314**

EXAM PAYMENT

Please submit full payment with this application.

Exam	Member Fee*	Non-Member Fee	Payment
NIC Knowledge CBT	\$255.00	\$355.00	\$
NIC Knowledge CBT Retake**	\$205.00	\$305.00	\$
<p style="text-align: center;">Payment Options:</p> <p>Money Order or Check # _____ Date _____ (Checks should be made payable to RID, Inc.)</p> <p style="text-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 style="text-align: center;">Total Amount Enclosed (U.S.)</p> <p>\$</p> <p>If you request a refund, RID deducts \$40 from the fee. After two years a refund cannot be requested.</p> <p>Questions about exam billing can be directed to the Certification and Education Department at certification@rid.org or 703-838-0030 option 2.</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 in order to qualify for the Retake Fee</p>			