INTERPRETER ACCESS, LLC

Interpreter Intake Form

Complete all fields, sign, save as PDF, and upload with your documents.

1 Interpreter Information

Full Legal Name *

As it appears on your ID

Business Name (if applicable)

DBA or LLC name

City *

Enter city

State *

e.g. MO

ZIP *

Enter ZIP

Phone Number *

(555) 000-0000

Email Address

you@example.com

Allow Interpreter Access to send you SMS assignment alerts? *

◯ Yes ◯ No

Messages may include OPI/VRI assignment offers, schedule updates, and business notifications. Reply Y/N to accept or decline assignments.

2 Work Authorization

Are you a U.S. Citizen? *

◯ Yes ◯ No

If No — Do you have legal authorization to work in the United States?

◯ Yes ◯ No

3 Languages

Language(s) Interpreted *

e.g. Spanish, Somali, American Sign Language

Interpreter Type (select one) *

◯ Medical ◯ Legal / Court ◯ Community ◯ Other:

4 Certification / Qualifications

Certification Organization (check all that apply)

☐ Certification Commission for Healthcare Interpreters (CCHI)

☐ National Board of Certification for Medical Interpreters (NBCMI)

☐ State Court Interpreter Certification

☐ Other:

Certification Number

e.g. CHI-12345

Expiration Date

MM/DD/YYYY

5 Payment Information

Preferred Payment Method — All payments are processed via Zelle. Please provide the phone number or email address linked to your Zelle account.

Zelle Phone Number or Email *

Phone number or email linked to Zelle

6 Independent Contractor Acknowledgment

I understand that I am providing services as an independent contractor for Interpreter Access, LLC, not as an employee. I am solely responsible for my own taxes and the reporting of income received.

Signature *

Type your full name to sign, or print and sign by hand.

Date *

MM/DD/YYYY

7 Confidentiality Agreement

By joining the Interpreter Access roster, I agree that all client information, agency contacts, and assignment details shared with me through Interpreter Access are confidential and constitute proprietary business information. I agree not to use such information to solicit, contact, or accept direct work from any client or agency introduced to me through Interpreter Access, outside of assignments coordinated by Interpreter Access. This clause does not restrict my right to independently seek work through other channels. I further agree to comply with applicable privacy regulations, including HIPAA and PII protections where applicable.

Signature *

Type your full name to sign, or print and sign by hand.

Date *

MM/DD/YYYY

8 Required Documents Checklist

Check the documents you are submitting:

☐ Completed Form W-9	*Required*
☐ Copy of Certification	*If applicable*
☐ Copy of Government-Issued ID	*If applicable*
☐ Resume / CV	*Optional*

SUBMISSION INSTRUCTIONS

When you have completed and signed this form, upload this document as a PDF along with your W-9 and any other supporting documents.

Thank you for your interest in working with Interpreter Access, LLC.