

Council of Interstate Testing Agencies, Inc
1003 High House Road, Suite 101
Cary, North Carolina 27513
(919) 460-7750

INTERPRETER BADGE FORM

Directions: Candidates will be required to submit to the CITA office within two (2) weeks of the examination, this complete form and two (2) passport-size photographs of each of their interpreters. All interpreters will be required to have a CITA issued identification badge and will be required to wear the badge at all times while on the clinic floor. The badge will be provided in the candidate examination packet on the day of the scheduled examination. Failure to timely provide the items listed above to the CITA office will result in the interpreter being prohibited from participating in the examination. (Copies of this form may be made as necessary).

Examination Site and Date: _____

Candidate Name: _____

Interpreter Name: _____

Interpreter's Address: _____

Interpreter's Telephone: () _____

Procedure that the interpreter will be present during:

_____ Restorative _____ Periodontal _____ Both

Candidate's Signature: _____

Date: _____