

## INTERPRETER DISCLOSURE STATEMENT AND INTERPRETER ID FORM

Interpreter Photo	

fill out this Interpreter Disclosure S	tatement and complete the attach cated. Detach the ID form below. I	during the CDCA Patient Treatment Clinical Examinations, you must ned Authorized Interpreter ID card including attaching a recent photo Both forms must be presented in completed form, to the CDCA Chief mitted on the clinic floor.
I, CDCA Candidate ID:	and Candidate Sequ	ential: at Test Site
		(Interpreter's Name)
who is serving as an interpreter for m	y patient during the CDCA examina	ation on
is not a faculty member, dentist of student, and is at least 18 years of		nlicensed), fourth year dental student or final year dental hygiene
I affirm that the interpreter will wear	proper attire and the photo identi	fication badge at all times while participating in this examination.
I understand that I am responsib Commission on Dental Competence	•	of the interpreter that may violate the examination policy of The
This Interpreter Disclosure Statement photo identification badge to the Co	•	er) will be maintained by the Chief Examiner on site and sent with the e Examination is completed.
(Signature of Candidate)		(Date)
	ated and when completed, bring b	ed interpreter ID card. both parts of this form back to the Chief Examiner.
AUTHORIZED INTERPRETER	Your Candidate #	The Commission on Dental Competency Assessments 1304 Concourse Dr., Suite 100 Linthicum. MD 21090 301.533.3085
	Interpreter Name	Please print all information clearly in ink.
Place		Interpreter Name
Photo Here	Date	Interpreter Address
		Interpreter Phone Number

Site