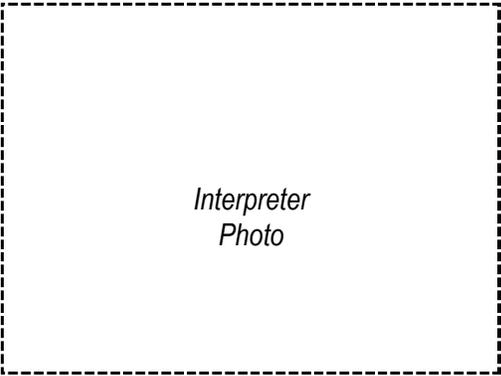




# INTERPRETER DISCLOSURE STATEMENT AND INTERPRETER ID FORM



*Interpreter  
Photo*

**ATTENTION:** If you will be using the services of an interpreter during the CDCA-WREB Patient Treatment Clinical Examinations, you must fill out this Interpreter Disclosure Statement and complete the attached Authorized Interpreter ID card including attaching a recent photo of the interpreter in both areas indicated. Detach the ID form below. Both forms must be presented in completed form, to the CDCA-WREB Chief Examiner on the day of the examination before the interpreter is permitted on the clinic floor.

I, Candidate ID:  and Candidate Sequential:  at Test Site \_\_\_\_\_

Affirm that: \_\_\_\_\_  
(Interpreter's Name)

who is serving as an interpreter for my patient during the CDCA-WREB examination on

is not a faculty member, dentist, dental hygienist, or dental therapist (licensed or unlicensed), fourth (final) year dental student or final year dental hygiene student, simultaneously serving as a candidate assistant, and is at least 18 years of age.

I affirm that the interpreter will wear proper attire and the photo identification badge at all times while participating in this examination.

I understand that I am responsible for any actions and behavior of the interpreter that may violate the examination policy of The CDCA-WREB ADEX Examinations.

This Interpreter Disclosure Statement (with the photo of the interpreter) will be maintained by the Chief Examiner on site and sent with the photo identification badge to the CDCA-WREB office when the examination is completed.

(Signature of Candidate)

(Date)

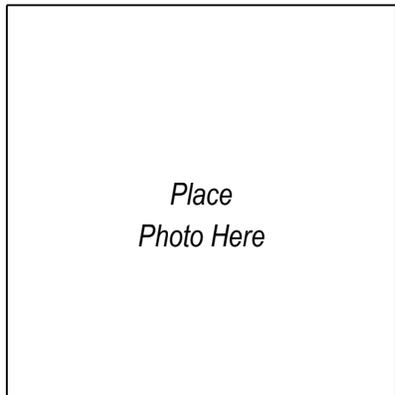
### Below is the authorized interpreter ID card.

Cut where indicated and when completed, bring both parts of this form back to the Chief Examiner.

Cut Here

AUTHORIZED INTERPRETER

Your Candidate's #



*Place  
Photo Here*

\_\_\_\_\_  
*Interpreter Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Site*

The CDCA-WREB  
1304 Concourse Dr., Suite 100  
Linthicum, MD 21090  
301.533.3085

*Please print all information clearly in ink.*

\_\_\_\_\_  
*Interpreter Name*

\_\_\_\_\_  
*Interpreter Address*

\_\_\_\_\_  
*Interpreter Phone Number*

This badge must be worn during the entire ADEX Examination. Interpreters without a badge will not be permitted on the examination floor.

This badge must be turned in with the photo attached at the end of the examination to the desk coordinator.