

## EXHIBIT D- BEI RATER SERVICES APPLICATION

To receive a contract under the open enrollment for BEI Rater services, a Contractor must complete this Application for enrollment and have it accepted by the Texas Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS)

### A. Applicant Information:

Legal Name of Applicant			
Applicant's Address			
City, State, Zip			
Contact Person		Alternate Phone Number	
Contact's Phone Number		Title	
Contact's E-mail Address			
Federal Employer Identification Number			
Texas Identification Number			
Certification Level and number of years certified			
Interpreter training program where taught and dates taught			
Identify the test types interested in rating			

Include documentation that demonstrates having a knowledge of linguistics, sign language theory, and interpreting for the specified level of certification for which rating services are to be provided. Applicants who have served as a Texas BEI Rater within the past 5-years are waived this requirement.

Include documentation that demonstrates having a knowledge of the English language, paraphrasing, mirror writing, and oral interpreting support techniques to provide Oral rating services. Applicants who have served as a Texas BEI Rater within the past 5-years are waived this requirement.

Provide a current vitae. Applicants who have served as a Texas BEI Rater within the past 5-years are waived this requirement.

Include two letters of reference. Applicants who have served as a Texas BEI Rater within the past 5-years are waived this requirement.

Include a five-minute signed video recording that:

- introduces self;
- includes information as to how the qualifications are met; and
- includes reasons for desiring to serve as a BEI rater.

Applicants who have served as a Texas BEI Rater within the past 5-years are waived this requirement.

By signing this Application, the Applicant certifies that the information provided in its Application and attachments is complete and accurate to the best of the Applicant's knowledge and that it meets the requirements for Contractors stated in HHS0014714 and can provide the services sought through the Open Enrollment. The Applicant also agrees to all the requirements in Open Enrollment HHS0014714.

Signature of Authorized Representative

Date

Name of Authorized Representative  
(Printed)

Title of Authorized Representative  
(Printed)