

**Nebraska Commission for the Deaf and Hard of Hearing**  
**Quality Assurance Screening Test (QAST)**  
**Written Exam Application**

- It costs \$25.00 to take the QAST Written Exam.
- Make checks payable to the Nebraska Commission for the Deaf and Hard of Hearing, mail to 4600 Valley Road Ste 420 Lincoln NE 68510-4844 - payment must be received before you take the test.
- Bring this form with you when you plan to take the test.

Today's Date: \_\_\_\_\_ (month/date/year)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Background Information**

How long have you been using sign language? \_\_\_\_\_

What kind of interpreting/transliterating have you done?

- Education K-12     Legal     Religious     Post-Secondary Education  
 Medical     Tactile     Private Practice     Mental Health/Substance Abuse  
 Other: \_\_\_\_\_

How long have you been interpreting? \_\_\_\_\_

Have you completed an Interpreter Training Program?     Yes     No

If yes, name of the program: \_\_\_\_\_

Date of graduation from the program: \_\_\_\_\_ (month/year)

**This section is filled out by a staff member of the Nebraska Commission for the Deaf and Hard of Hearing.**

Method of Payment:     Check     Cash

Date of Payment: \_\_\_\_\_ (month/date/year)

Testing on Exam Set:     A     B     C     D

Testing Location:     Lincoln     Omaha     North Platte

Other: \_\_\_\_\_