

# Independent Contractor Certificate

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Name of the interpreter: \_\_\_\_\_

Address where we mail your check: \_\_\_\_\_

\_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

The undersigned, as a provider of interpretation/translation services for clients that Passport To Languages has signed contracts, certifies that I am an independent contractor and not an employee of Passport To Languages. I am fully responsible for all federal, state and local taxes and fees applicable for any compensation services.

I further agree to defend and save harmless Passport To Languages from any claims under Workers Compensation Law (ORS656) arising from said work.

I have received, read, and understood both of the following documents from Passport To Languages:

- Standards of Practice for Medical Interpreters.
- Code of Ethics for Interpreters  
(If you no longer have your personal copy of ethics please see our website, or call in to Passport To Languages to request a copy)

I understand that any action beyond the guidelines is a violation of these ethics.

Interpreter/Translator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter/Translator's full name \_\_\_\_\_

# PASSPORT TO LANGUAGES

## CONFIDENTIALITY STATEMENT

Passport to Languages protects the confidentiality of client's information, as required by law and the professional codes of ethics. Every interpreter that is provided encounter information through the office of Passport to Languages is responsible to protect the confidentiality of client's information.

The Passport to Languages Confidentiality Policy prohibits any unauthorized access, discussion, review, disclosure, transmission, alteration or destruction of client's information, except as required to fulfill their interpreter job responsibilities.

All patient information, including but not limited to, paper verbal or electronic data contained in a patient encounter and stored in the office computerized data base is confidential and shall not be discussed with individuals that are not directly involved in the care of the patient.

Patient-specific discussions shall not be conducted in public areas as hallways, elevator, waiting areas. These are to be held in private with the provider.

Interpreters must keep client's information concerning encounters in a locked fire-proof safe place. Information no longer needed must be shredded before disposing.

I HAVE READ AND UNDERSTAND THE ABOVE CONFIDENTIALITY AGREEMENT.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____	_____	_____	_____	_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																					
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> </tr> </table>	<b>Social security number</b>																			
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<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> </tr> </table>	<b>Employer identification number</b>																			
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

# DISCLOSURE OF INFORMATION

PRINT YOUR NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please answer each of the following questions. If your answer is "Yes", explain on a separate piece of paper.

Have you ever been:

1. Convicted of any crime against children or other persons;     \_\_\_ YES   \_\_\_ NO
2. Convicted of crimes relation to financial exploitation if the     \_\_\_ YES   \_\_\_ NO  
victim was a vulnerable adult;
3. Convicted of crimes related to drugs such as manufacture,     \_\_\_ YES   \_\_\_ NO  
delivery, or possession with intent to manufacture or deliver a  
controlled substance;
4. Found in any dependency action under RCW 13.31.040 to     \_\_\_ YES   \_\_\_ NO  
have sexually assaulted or exploited a minor or to have  
physically abused any minor;
5. Found by court in domestic relations proceeding under Title     \_\_\_ YES   \_\_\_ NO  
26 RCW to have sexually abused or exploited any minor or to  
have physically abused a minor;
6. Found in any disciplinary board final decision to have     \_\_\_ YES   \_\_\_ NO  
sexually or physically abused or exploited any minor or  
developmentally disabled person or to have abused or  
financially exploited any vulnerable adult;
7. Found by a court in a protection proceeding under chapter     \_\_\_ YES   \_\_\_ NO  
74.34 RCW, to have abused or financially exploited a vulnerable  
adult.

I certify under penalty of perjury under the laws of the United States of America that information on this statement is all true and correct.

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Date

# Interpreter Information Sheet

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Language(s) spoken other than English: \_\_\_\_\_

\_\_\_\_\_

Circle the type of interpretation you are able to assist:

Medical/Dental    Legal    Business    Telephone    Written

Are you interested in becoming state certified?     Yes     No

Days of week that you are available to assist:

M T W Th F S Sn (all) \_\_\_\_\_ Are you available for emergencies?     Yes     No

Best time to reach you to give you assignments \_\_\_\_\_ am    pm

Times you are available: \_\_\_\_\_

Part of town best for you for on-site assignments: \_\_\_\_\_

\_\_\_\_\_

People you would like to recommend to us:

Languages \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) \_\_\_\_\_