Georgia Instructional Materials Center
Transcriptionist Checklist

Date: ________________________________

Contact Information

Name: __________________________________________________________
Business Name (if different than legal name): __________________________
Address (1): ____________________________________________________________________________________________
Address (2): ____________________________________________________________________________________________
City: ___________________________________ State: _____________ Zip: ______________________
Telephone: ____________________________
Cell Phone: ____________________________
Email Address: ____________________________

NLS Certifications

☐ Literary  ☐ Nemeth  ☐ Proofreading  ☐ Music

Other Trainings

☐ UEB  ☐ Other (please list)

Attachments: (must include all items)

☐ Cover letter  ☐ Resume
☐ References (2)  ☐ Certification Copies
Work Samples: ☐ Braille  ☐ Tactile (if applicable)
☐ Sample Print Copies

Signature ____________________________ Date ________________

Send materials to:

GIMC
Georgia Department of Education
205 Jesse Hill Jr. Dr. SE
1870 Twin Towers E
Atlanta, GA 30334
or
GIMC@doe.k12.ga.us