

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING
PO BOX 1360
FRANKFORT, KY 40602
502-892-4252 ~ <http://kbi.ky.gov>

APPLICATION FOR LICENSURE

(Mail to address above: ATTN: KBI Board Administrator)

LICENSURE AS AN INTERPRETER

TEMPORARY LICENSURE AS AN INTERPRETER

NOTE: A temporary license is granted for a maximum of **FIVE (5) consecutive licensure years** from the date of issue, including any reinstatements that may have occurred during that timeframe. Individuals who initially apply as Deaf or Hard of Hearing, working towards becoming a CDI, may hold temporary licensure for a maximum of **TEN (10) consecutive licensure years** from the date of initial issuance.

SECTION 1

(TYPE OR PRINT ALL INFORMATION)

1. _____
NAME: LAST FIRST MIDDLE
(As You Want It to Appear on the License)

2. _____
SOCIAL SECURITY NUMBER

3. _____
MAILING ADDRESS: STREET or P.O. Box

CITY STATE ZIP COUNTY

4. _____ / _____ / _____
TELEPHONE: (WORK) (HOME) (CELL)

5. _____ / _____
E-MAIL ADDRESS: FAX #

6. Has your certification or licensure in Kentucky or any other state ever been suspended or revoked?

Yes No

If yes, give details: _____
(Send supporting documentation)

7. Have you ever been convicted of a felony, or a misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude?

Yes No

If yes, what offense? _____
(Send supporting documentation)

If yes, please explain: when, where, etc. _____

SECTION 2 – EDUCATION

8. Did you graduate from an Interpreter Training Program? Yes No
 If yes, did you receive a B.A. or A.A. Degree? Check one: B.A. A.A.

High School	Address	Dates Attended		Date of Graduation		Diploma
		From	To	Month	Year	

Post Secondary Institution	Address	Dates Attended		Date of Graduation/Completion		Degree
		From	To	Month	Year	

9. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?
 Yes No
 If yes, what offense? _____
(Send supporting documentation)
 If yes, please explain: when, where, etc. _____

10. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held?
 Yes No
 If yes, what offense? _____
(Send supporting documentation)
 If yes, please explain: when, where, etc. _____

11. Have you ever been discharged or forced to resign for misconduct, unsatisfactory service, or unethical practices from any professional training program, or from the program of any educational institution?
 Yes No
 If yes, please give specific details _____
(Send supporting documentation)

12. I wish to be listed in a public directory of licensed interpreters. *(Temporary Licensees will not be included)*
 Yes No
 If you do not want address and/or phone number listed, please advise: _____

SECTION 3 – EXPERIENCE

Begin with your present or most recent job and list fully and accurately the details of the past two (2) positions you have held relating to your professional experience in interpreting. **If you have additional sites of experience, please copy and complete this section.**

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____	Describe Your Duties: _____ _____ _____ _____
Title of Position: _____	
Name & Address of Employer: _____ _____	
Immediate Supervisor: _____	

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____	Describe Your Duties: _____ _____ _____ _____
Title of Position: _____	
Name & Address of Employer: _____ _____	
Immediate Supervisor: _____	

SECTION 4 – CERTIFICATION

Indicate one or more of the following certifications of competence or skill assessments:

FOR LICENSE (Indicate one or more and provide evidence of certification)

BEI	Board for Evaluation of Interpreters (Advanced)
NIC	National Interpreter Certification
Ed: K-12	Educational Certificate: K-12
NIC-Advanced	National Interpreter Certification (Advanced)
NIC-Master	National Interpreter Certification (Master)
EIPA	Educational Interpreter Performance Assessment 4.0
CT	Certificate of Transliteration
CI	Certificate of Interpretation
CDI-P	Certified Deaf Interpreter-Provisional
CSC	Comprehensive Skills Certificate
RSC	Reverse Skills Certificate
OTC	Oral Transliteration Certificate
IC/TC	Interpreting Certificate/Transliteration Certificate
IC	Interpreting Certificate
TC	Transliteration Certificate
CLIP	Conditional Legal Interpreting Permit
CLIP-R	Conditional Legal Interpreting Permit-Relay
MCSC	Master Comprehensive Skills Certificate
SC:L	Specialist Certificate: Legal
Prov. SC:L	Provisional Specialist Certificate: Legal
SC:PA	Specialist Certificate: Performing Arts
OIC:C	Oral Interpreting Certificate: Comprehensive
OIC:S/V	Oral Interpreting Certificate: Spoken to Visible
OIC:V/S	Oral Interpreting Certificate: Visible to Spoken

National Association for the Deaf

NAD IV Level IV Advanced
NAD V Level V Masters

National Training, Evaluation, and Certification Unit (NTECUnit)

CLTNCECued Language Transliterator National Certification Examination

Other State Screenings or Quality Assurance Assessments (*reciprocity is evaluated on a case by case basis by the Board and requires an additional fee 201 KAR 39:080*)

FOR TEMPORARY LICENSE (must indicate and provide evidence of 1, 2, and 3)

1) PASSAGE OF WRITTEN KNOWLEDGE EXAM (indicate one or more)

NIC Knowledge Exam

EIPA Knowledge Exam

Documentation of 18 hours of CDI continuing education can be submitted in lieu of the Knowledge Exams (for Deaf or Hard of Hearing applicants only) **AND** documentation from a recognized professional that you meet the definition of “Deaf and Hard of Hearing Individual.” (“Deaf or Hard of Hearing Individuals” mean individuals who have hearing disorders and who cannot hear and understand speech clearly through the ear alone with or without amplification).

2) AMERICAN SIGN LANGAUGE FLUENCY ASSESSMENT (indicate one or more)

SCPI/SLPI Sign Communication Proficiency Interview/Sign Language Proficiency Interview
Advanced or better. SCPI/SLPI certification within three years of application.
Level: _____

ASLPI American Sign Language Proficiency Interview – 3.5 or better within three years.
Score: _____

EIPA Educational Interpreter Performance Assessment – 4.0
Score: _____

EPIA Educational Interpreter Performance Assessment – 3.0 or better for temporary licensure.

NAD NAD Level III Intermediate (must be a currently certified NAD member)

BEI Board for Evaluation of Interpreters – Basic or better within three years.

3) Signed Plan of Supervision for Temporary License Form Attached?: Yes No

Current Certification as an Interpreter for the Deaf and Hard of Hearing. Attach Documentation.
(*Certification must have been obtained within three (3) years of application*)

Forty-five (45) hours of Continuing Education for Board-approved mentor.
(*Attach description of courses completed*)

(All required documents and fees must be attached or application will be returned)

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief.

I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/permit revoked by the Board.

APPLICANT'S SIGNATURE

DATE

SIGNATURE (Do not type or print)