

Commonwealth of Kentucky
Board of Interpreters for the
Deaf and Hard of Hearing
P.O. Box 1360
Frankfort, KY 40602
Ph: 502-892-4252
Fax: 502-564-4818
KBI@ky.gov



**APPLICATION FOR
FULL LICENSURE**

DPL-KBI- 001
Rev. October 2024
Page 1 of 6

KRS 309.312(1)(b)
201 KAR 39:030

SECTION 1

(TYPE OR PRINT ALL INFORMATION)

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Social Security Number</u>
<u>Mailing Address</u>			
<u>Street or P.O. Box:</u>			
<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>County:</u>
<u>Telephone Numbers</u> (including area code)			
<u>Work:</u>	<u>Cell:</u>	<u>Home:</u>	
<u>E-mail Address</u>			
1.	Are you or your spouse an active military member? If yes, provide DD214.		<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Has your certification or licensure in Kentucky or any other state ever been suspended or revoked? If yes, give details & send supporting documentation:		<input type="checkbox"/> YES <input type="checkbox"/> NO

3.	<p>Have you ever been convicted of a felony, or a misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude? If yes, send supporting documentation.</p> <p>If yes, what offense?</p> <p>If yes, please explain when, where, etc.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	<p>Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? If yes, send supporting documentation.</p> <p>If yes, what offense?</p> <p>If yes, please explain when, where, etc.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	<p>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? If yes, send supporting documentation.</p> <p>If yes, what offense?</p> <p>If yes, please explain when, where, etc.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

6.	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? If yes, please give specific details. If yes, send supporting documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	I wish to be listed in a public directory of licensed interpreters. If you do not want the address and/or phone number listed, please advise:	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2 – EDUCATION

8.	Did you graduate from an Interpreter Training Program? If yes, did you receive a B.A. or A.A degree?	<input type="checkbox"/> YES <input type="checkbox"/> NO
----	---	--

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

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

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:	

Employed From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Describe your duties:
Title of Position:	
Name & Address of Employer:	
Immediate Supervisor:	

SECTION 4 – CERTIFICATION

Select one or more of the following certifications of competence or skill assessments: (Attach proof of Certification(s))

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

National Association for the Deaf

<input type="checkbox"/> NAD IV- Level IV Advanced	<input type="checkbox"/> NAD V- Level V Masters
--	---

National Training, Evaluation, and Certification Unit (NTECUnit)

<input type="checkbox"/> CLTNCE- Cued 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)

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 may be rejected, or my license/permit may be revoked by the Board.

APPLICANT'S SIGNATURE: _____ **Date:** _____
(Signature) Do not type or print