

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
BOARD-APPROVED SUPERVISOR**

DPL-KBI-007
Rev. April 2024
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KRS 309.304
201 KAR 39:001, 39:070 & 39:075

SECTION 1

(TYPE OR PRINT ALL INFORMATION)

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>License 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>			

SECTION 2 – CERTIFICATION

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

Note: Certification must be held for a minimum of three (3) years prior to serving as a supervisor. You **must** attach documentation of the selected certifications.

<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
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<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"/> OIC: V/S- Oral Interpreting Certificate: Visible to Spoken	<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	

National Association for the Deaf

<input type="checkbox"/> NAD IV- Level IV Advanced	<input type="checkbox"/> NAD V- Level V Masters
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National Training, Evaluation, and Certification Unit (NTECUnit)

<input type="checkbox"/> CLTNCE- Cued Language Transliterator National Certification Examination
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SECTION 3- CONTINUING EDUCATION UNITS

Note: Must have forty-five (45) hours of continuing education units since obtaining the previously stated certification. You **must** attach documentation of continuing education units. It is your responsibility to maintain all documentation of attendance.

Course Name	Dates Attended mm/dd/yr	CEU Hours Earned	Sponsoring Organization

This form may be returned by email to kbi@ky.gov or mail to the Kentucky Board of Interpreters for the Deaf and Hard of Hearing, P. O. Box 1360, Frankfort, Kentucky 40602.

Signature of Applicant

Date