

PLAN OF SUPERVISION FOR TEMPORARY LICENSE**INSTRUCTIONS**

1. Read the application and instructions carefully before filling out the application.
2. Answer all questions. If the answer is "no" or "none", please indicate. If non-applicable, indicate "N/A". If additional space is needed, attach separate sheets.
3. If experience from multiple work settings or supervision from more than one supervisor is planned, complete the following information for each.
4. Attach documentation of forty-five (45) hours of professional development for the supervisor of record/mentor indicated on this contract and a copy of their certification or proof showing they have been certified for at least three years.
5. If applicable, please include an official agency job description on official agency letterhead. Any changes to planned supervision must be communicated to the Board office in writing.

PRINT OR TYPE**APPLICANT'S**

NAME: _____

APPLICANT'S

ADDRESS: _____

Telephone: (H) () - Office: () - (C) () -

INTERPRETING SETTING(S)/EMPLOYMENT

Agency /Name: _____ Phone: () -

Address: _____

Street Address

City

State

Zip Code

IN WHAT TYPE OF INTERPRETING SETTINGS ARE YOU ENGAGED?

(i.e. Private Practice, medical, office, V.R.
educational, postsecondary, mental health, etc.)

MENTOR/SUPERVISOR OF RECORD

Name: _____ KY License #: _____

Address: _____
Street City State Zip Code

Telephone: Home: () - Office: () -

Beginning Date of Plan: _____**Estimated Ending Date:** _____**MENTOR RECOMMENDATION (NOT APPLICABLE FOR INITIAL APPLICATION))**

- I, as Mentor of Record, recommend an extension (letter of explanation required)
 I, as Mentor of Record, do NOT recommend an extension (letter of explanation required)

Beginning Date of Mentoring: _____ Ending Date of Mentoring: _____

PLAN OF INTERPRETING SUPERVISION (*attach additional sheets as needed*)

Must Include the following:

A. A detailed description of how you will conduct the supervision: (*may select one or more*)

On-site observation _____

Video of practice _____

Provide team interpreting setting when appropriate _____

Other _____

B. A detailed description of the nature, duration, and frequency of the supervision in this practice: (i.e.

how often will mentoring sessions be provided: _____

how long are mentoring sessions; _____

what will be done in these sessions: _____

how they will be conducted: _____

C. Specific Skills Targeted:

English-to-ASL (describe) _____

ASL-to-English (describe) _____

Ethics _____
.....

D. Outline a detailed description of the condition, procedures & timeline for termination of this relationship:

.....

ANY TERMINATION OF A PLAN OF SUPERVISION MUST BE REPORTED TO THE KY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING UPON TERMINATION. BOTH MENTEE AND MENTOR ARE RESPONSIBLE FOR REPORTING.

AFFIDAVIT

A. I, the Mentor of Record for the above named candidate for temporary licensure for interpreting, have devised and discussed this plan with said applicant and accept responsibility for its implementation. Further, I understand that upon completion of the plan of supervision, if an application for extension is requested, I will be asked to write a recommendation on the ethical behavior and skills competency acquired by the applicant.

If, for any reason, the conditions of this plan are changed, or this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my certification is current, and will be maintained throughout this period.

Signature of Mentor:

Date:

B. I, the applicant in the above plan, understand that I will be expected to comply with the provisions of this plan in its entirety and must notify the Board of any modifications of this plan once it has been approved. If this contract is terminated I understand that I must submit a new Supervision Plan to the Board for approval within forty-five (45) days of termination.

Signature of Applicant:

Date:

C. As agency/school employer of the above named candidate, I affirm the agency/school will support the proposed practice experience as described. (*Optional*)

Signature of Agency/School
Representative:

Date:
