

1 GENERAL GOVERNMENT CABINET

2 BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

3 (Amendment)

4 201 KAR 39:030. Application; qualifications for full licensure; and certification levels.

5 RELATES TO: KRS 309.304(1), 309.312(1)(b)

6 STATUTORY AUTHORITY: KRS 309.304(3), 309.312(1)(b)

7 NECESSITY, FUNCTION, AND CONFORMITY:

8 KRS 309.304(3) and 309.312(1)(b) require the Kentucky Board of Interpreters for the Deaf
9 and Hard of Hearing to promulgate an administrative regulation establishing the requirements for
10 an applicant for licensure as an interpreter for the deaf and hard of hearing. This administrative
11 regulation establishes these requirements.

12 Section 1. Application. Each applicant for a full license shall:

13 (1) Submit a completed Application for Licensure form to the board;

14 (2) Pay the application and license fee as set forth in 201 KAR 39:040; and

15 (3) Submit proof of valid certification from one (1) of the following nationally recognized
16 organizations:

17 (a) At a level recognized by RID with the exception of NAD III;

18 (b) ~~[At EIPA level 4.0 and passage of the EIPA written;]~~

19 ~~[(e)]~~ TECUnit;

20 ~~(c) [(d)]~~ BEI Advanced or better achieved within three (3) years of application; or

1 ~~(d)(e)~~ Other certifications as described in 201 KAR 39:080, if applying for licensure via
2 reciprocity.

3 Section 2. Appeal of Denial of an Application for Licensure.

4 (1) If an Application for Full Licensure is denied, the applicant shall have the right to appeal
5 that preliminary determination.

6 (2) An appeal shall be:

7 (a) Submitted to the board in writing by certified mail; and

8 (b) Received by the board within thirty (30) days after the date the applicant receives the
9 notice of preliminary denial by certified mail or by email message delivered to the
10 addresses stated on the Application for Licensure.

11 (3) The appeal of a preliminary denial of an Application for Licensure shall be held in
12 accordance with the provisions of KRS Chapter 13B.

13 Section 3. Those fully licensed with an EIPA level 4.0 or 3.5 and passage of the EIPA written
14 shall have until July 1, 2030, to achieve a nationally recognized certification as identified in
15 Section 1 of this administrative regulation.

16 Section 4. Incorporation by Reference.

17 The following material is incorporated by reference:

18 (1) "Application for Full Licensure", DPL-KBI-001, April 2024~~[December 2016]~~, is
19 incorporated by reference.

20 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at
21 the Department of Professional Licensing, 500 Mero Street,~~[911 Leawood Drive,]~~ Frankfort,
22 Kentucky 40601, Monday through Friday, 8:00 a.m. to 4:30 p.m. and on the Board's website at
23 www.kbi.ky.gov.

201 KAR 39:030

APPROVED BY AGENCY:

A handwritten signature in black ink, appearing to read 'Marva Johnson', is written over a horizontal line.

Marva Johnson
Chair, Board of Interpreters for the Deaf and Hard of Hearing

Date: June 12, 2024

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on August 27, 2024, at 11:00 AM, at the Mayo-Underwood Building, Room 127CW, 500 Mero Street, Frankfort, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through August 31, 2024. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person by using the PPC public comment portal at the address listed below.

CONTACT PERSON:

Name: Sara Boswell Janes

Title: Staff Attorney III

Agency: Department of Professional Licensing, Office of Legal Services

Address: 500 Mero Street, 2 NC WK#2

Phone Number: (502) 782-2709 (office)

Fax: (502) 564-4818

Email: Sara.Janes@ky.gov

Link to public comment portal: https://ppc.ky.gov/reg_comment.aspx

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation No. 201 KAR 39:030

Contact Person: Sara Boswell Janes

Phone Number: (502) 782-5245 (office)

Email: sara.janes@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the procedures for the licensure of persons who wish to practice in the state as a Licensed Interpreter for the Deaf and Hard of Hearing.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to set the process and minimum certification testing score for licensure.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS Chapter 309 requires the board to verify the qualifications of and establish a procedure for the licensure of persons who wish to practice in the state as a Licensed Interpreter for the Deaf and Hard of Hearing. This administrative regulation establishes the minimum qualifications and requirements for licensure.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation informs the applicants of the examinations required, minimum test scores, and requirements for obtaining licensure from the board.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendment will clarify this regulation relates only to applicants for full licensure; strikes the EIPA level 4.0 and passage of the EIPA written as qualification for full licensure; and provides for a revision to the form for full licensure and an update to the form.

(b) The necessity of the amendment to this administrative regulation: The Policy Committee recommended amending the regulation to clarify its application to full licensure and the board deemed the amendment necessary to clarify confusion among applicants as to whether the regulation related to temporary licenses. Additionally, the EIPA is not a nationally recognized certification but only a testing instrument only intended for service in K-12 schools. The EIPA level 3.5 and passage of the EIPA written remains qualifying for temporary licensure. There is a limited grandfather clause for those licensees who qualified for full licensure with only the EIPA. They will have five (5) years to obtain a national certification to remain fully licensed.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 309.304(1) requires the board to evaluate the qualifications for applicants for licensure and establish procedures for the issuance of licenses. The amendment conforms with the promulgating authority to establish administrative regulations for effective administration.

(d) How the amendment will assist in the effective administration of the statutes: This amendment will clarify that the current application for licensure form will be used for full licensure and a new form will be created for applicants for temporary licensure. This amendment will help alleviate current confusion related to the application process. The amendment will also ensure individuals who are not qualified to provide interpreting services generally will not have a full license; and motivate those with the EIPA to obtain their national

certification to provide interpreting services as a fully licensed interpreter. This will ensure students have quality language services for success.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: There are currently 533 full licensees and 45 temporary licensees. This regulation will also affect new applicants seeking temporary or full licensure from the board. There are currently seventeen (17) known fully licensed interpreters with the EIPA of 4.0. There are an additional sixty (60) licensees who were fully licensed in 2023 and 2024 with no qualifying classification on record, some of whom may be affected by this administrative regulation. Applications for new licensure are filed on paper and the data system does not capture this information when scanned into eServices. However, these licensees must file the annual renewal application online through eServices during the annual renewal period ending July 1, or within the sixty (60) day grace period thereafter and must file proof of current nationally recognized certification. After the renewal and grace period expire on September 1, 2024, the board will know the exact number of licensees affected.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: This applicant for full licensure will be required to complete the application for consideration by the board. Fully licensed interpreters who are EIPA-qualified interpreters will have five (5) years to obtain a national certification to maintain their full license.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The fee for application for full licensure as set forth in 201 KAR 36:040.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Applicants for licensure will understand the regulation relates only to application for full licensure. Additionally, licensees who are EIPA-qualified will gain stronger skills to provide quality services by obtaining a national certification within the required timeframe.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No new costs will be incurred.

(b) On a continuing basis: No new costs will be incurred.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The board's operations are funded by fees paid by credential holders and applicants.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increase in fees or funding is necessary to implement this administrative regulation change.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: This regulation only sets the procedure for obtaining a full license. This administrative regulation does not establish fees or directly or indirectly increase any fees.

(9) TIERING: Is tiering applied? (Explain why or why not): This regulation does not distinguish between similarly situated individuals on the basis of any factor.

FISCAL IMPACT STATEMENT

Regulation No. 201 KAR 39:030

Contact Person: Sara Boswell Janes

Phone Number: (502) 782-2709 (office)

Email: sara.janes@ky.gov

1. Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 309.304, KRS 309.312.

2. Identify the promulgating agency and any other affected state units, parts, or divisions: Kentucky Board of Interpreters for the Deaf and Hard of Hearing is an administrative body created by KRS 309.302 and the promulgating agency.

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: Unknown.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There will be no difference in subsequent years.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): None anticipated.

(a) Estimate the following for the first year:

Expenditures: None.

Revenues: None.

Cost Savings: None.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There will be no difference in expenditures, revenues or cost savings to local entities in subsequent years.

(4) Identify additional regulated entities not listed in questions (2) or (3): There are no other regulated entities not otherwise listed.

(a) Estimate the following for the first year:

Expenditures: N/A

Revenues: N/A

Cost Savings: N/A

(b) How will expenditures, revenues, or cost savings differ in subsequent years? N/A

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: There is no anticipated fiscal impact to this administrative regulation.

(b) Methodology and resources used to determine the fiscal impact: Methodology and resources was a review of the existing budget by the board's fiscal administrator as well as consideration of the amendment and whether staff time and costs will be increased.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate). This administrative regulation will not have an overall negative or adverse major economic impact to the entities identified.

(b) The methodology and resources used to reach this conclusion: Methodology and resources was a review of the existing budget by the board's fiscal administrator as well as consideration of the amendment and whether staff time and costs will be increased.

SUMMARY OF MATERIALS INCORPORATED BY REFERENCE

201 KAR 39:030

The "Application for Licensure", December 2016, consisting of five (5) pages. is incorporated by reference.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE

201 KAR 39:030

The form has been renumbered and renamed as follows: "Application for Full Licensure", DPL-KBI-001, April 2024, consisting of six (6) pages. The form was also changed to strike previous national certification types that are no longer available, and to add new national certifications that will be accepted.

Additionally, a new form will be adopted for the application for temporary licensure in the regulation related to temporary licensure since this form will no longer be used for both license types.

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. April 2024

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

Post Secondary Institution	Address	Dates Attended		Date of Graduation/Completion		
		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	<input type="checkbox"/> CGKE- CASLI Generalist Knowledge Exam
<input type="checkbox"/> CGPE-NIC- CASLI Generalist Performance Exam-NIC	<input type="checkbox"/> CGPE-CDI- CASLI Generalist Performance Exam-CDI	

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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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

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 (NTEC Unit)

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 LANGUAGE 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: _____

EPLA 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)

12/2016

Filed

201 KAR 39:030
DIRTY COPY
2024

5

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)

X