

1 GENERAL GOVERNMENT CABINET

2 BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

3 (Amendment)

4 201 KAR 39:050. Renewal and reinstatement of full licenses~~[-extension of temporary licenses and~~
5 ~~reinstatement]~~.

6 RELATES TO: KRS 309.304(5), 309.312, 309.314.

7 STATUTORY AUTHORITY: KRS 309.304(3), 309.312, 309.314

8 NECESSITY, FUNCTION, AND CONFORMITY:

9 KRS 309.304(3), 309.312, and 309.314 require the Board of Interpreters for the Deaf and
10 Hard of Hearing to promulgate administrative regulations to carry the provisions of KRS 309.300
11 to 309.319; to establish certification requirements for licensure; and to establish renewal and
12 reinstatement fees. This administrative regulation establishes requirements for renewal of licenses,
13 ~~[extension of temporary licenses,]~~ and reinstatement.

14 Section 1. Renewal of Full Licenses. A person licensed as an interpreter shall renew that
15 license annually, as required by KRS 309.314(1) by submitting the following to the board:

16 (1) A completed License Renewal Application form;

17 (2) The renewal fee as established in 201 KAR 39:040;

18 (3) Proof of current certification of the licensee as an interpreter for the deaf and hard of
19 hearing by a nationally recognized organization; and

20 (4) Documentation of completion of the continuing education requirement established in 201
21 KAR 39:090.

Section 2. Grace Period. If a full license is not renewed by July 1, it may be renewed during the following sixty (60) day period, in accordance with KRS 309.314, by:

(1) Complying with the requirements established in Section 1 of this administrative regulation; and

(2) Submitting the late renewal fee established in 201 KAR 39:040.

Section 3.

(1) Reinstatement of full license. A license not renewed prior to the close of the sixty (60) day grace period, in accordance with KRS 309.314(4), may be reinstated upon:

(a) Payment of the renewal fee plus a reinstatement fee as established by 201 KAR 39:040, Section 4(1);

(b) Submission of a completed Reinstatement Application for Licensed Interpreters form to the board;

(c) Submission of evidence of completion of continuing education as required by 201 KAR 39:090, Section 10; and

(d) Proof of current certification of the licensee as an interpreter for the deaf and hard of hearing by a nationally recognized organization.

~~(2) [The board may reinstate a temporary license only if the licensee submits proof sufficient to the board of situations such as:~~

~~(a) Medical disability of the licensee;~~

~~(b) Illness of the licensee or an immediate family member; or~~

~~(c) Death or serious injury of an immediate family member.~~

~~(3) A request for reinstatement of a temporary license involving medical disability or illness shall be:~~

1 ~~(a) Submitted by the person holding a license; and~~

2 ~~(b) Accompanied by a verifying document signed by a licensed physician.]~~

3 ~~[(4)] To request reinstatement of a temporary license, a licensee shall submit:~~

4 ~~(a) [Sufficient proof in support of the reinstatement as required by subsections (2) and (3)~~
5 ~~of this section;]~~

6 ~~[(b)] A completed Temporary License Reinstatement Application form;~~

7 ~~[(b)] [(c)] The appropriate fee set forth in 201 KAR 39:040;~~

8 ~~[(c)] [(d)] Proof of completion of the continuing education requirements in 201 KAR 39:090;~~

9 ~~[(d)] [(e)] A letter recommending the reinstatement and extension written by the Mentor(s)~~
10 ~~of Record for the previous licensure term which describes the progress achieved by the mentee.~~

11 ~~The board may waive this requirement upon submission of proof by the licensee that the licensee~~
12 ~~has substantially met the goals stated in the plan of supervision; and~~

13 ~~(f) A revised plan of supervision for the upcoming licensure year.]~~

14 Section 4. ~~[Extensions of Temporary Licenses.~~

15 ~~(1) Temporary licenses shall expire on July 1 each year. To extend a temporary license, a~~
16 ~~request for extension shall be submitted by July 1 each year.~~

17 ~~(2) To request an extension of a temporary license a temporary licensee shall submit [:~~

18 ~~(a) A temporary licensee shall submit:]~~

19 ~~1. A completed Temporary License Extension Application form;~~

20 ~~2. The appropriate fee set forth in 201 KAR 39:040;~~

21 ~~3. Proof of completion of the continuing education requirements set forth in 201 KAR~~
22 ~~39:090;~~

1 ~~4. A letter recommending extension written by the Mentor(s)] of Record for the~~
2 ~~previous licensure term which describes the progress achieved by the mentee. The~~
3 ~~board may waive this requirement upon submission of proof by the licensee that the~~
4 ~~licensee has substantially met the goals stated in the plan of supervision]; and~~
5 ~~5. A revised plan of supervision for the upcoming licensure year.~~

6 ~~[(b) A deaf or hard of hearing temporary licensee shall submit:~~

- 7 ~~1. Upon applying for a first, second, or third extension:~~
- 8 ~~a. A completed Temporary License Extension Application form;~~
 - 9 ~~b. The appropriate fee set forth in 201 KAR 39:040;~~
 - 10 ~~c. Proof of completion of the continuing education requirements set forth in 201~~
11 ~~KAR 39:090;~~
 - 12 ~~d. A letter recommending extension written by the Mentor(s) of Record which~~
13 ~~describes the progress achieved by the Mentee. The board may waive this~~
14 ~~requirement upon submission of proof by the licensee that the licensee has~~
15 ~~substantially met the goals stated in the plan of supervision; and~~
16 ~~e. A revised plan of supervision for the upcoming licensure year.]~~
- 17 ~~2. Upon applying for a fourth and subsequent extensions, a temporary license holder~~
18 ~~shall submit to the board documentation proving:~~
- 19 ~~a. All requirements listed in paragraph (a) of this subsection; and~~
 - 20 ~~b. Proof of passage of the RID CDI Knowledge Exam.~~

21 ~~(3) The extensions of temporary licenses under this section shall be subject to the term~~
22 ~~limitations imposed by 201 KAR 39:070, Section 2.~~

23 ~~Section 5.] Incorporation by Reference.~~

1 (1) The following material is incorporated by reference:

2 (a) "Full License Renewal Application", DPL-KBI-02, April 2024~~[June 2017]~~; and

3 (b) "Reinstatement Application for Full License" ~~[Licensed Interpreters]~~, DPL-KBI-03,

4 April 2024.~~[December 2016;]~~

5 ~~[(c) "Temporary License Reinstatement Application", December 2016;~~

6 and

7 ~~(d) "Temporary License Extension Application", June 2017.]~~

8 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law,

9 at the Department of Professional Licensing, 500 Mero Street, ~~[911 Leawood Drive,]~~ Frankfort,

10 Kentucky 40601, Monday through Friday, 8:00 a.m. to 4:30 p.m. and on the Board's website at

11 kbi.ky.gov.

201 KAR 39:050

APPROVED BY AGENCY:

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

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation No. 201 KAR 39:050

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 regulation establishes the renewal and reinstatement application requirements, as well as the requirements for extension of a temporary license for interpreters.

(b) The necessity of this administrative regulation: This regulation is necessary to provide appropriate procedures for the application process for renewing or reinstating license or extending a temporary license as an interpreter.

(c) How this administrative regulation conforms to the content of the authorizing statutes: The regulation is in conformity as the authorizing statute gives the board the ability to promulgate regulations generally.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This regulation will assist the board in administering this program by ensuring that licensees have a clear understanding of the process for renewing and reinstating a license and extending a temporary license and requirements for doing so.

(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 that the renewal, renewal grace period and reinstatement of license apply to full licensure only. The amendment also strikes language relating to reinstatement of a temporary license, as well as striking the terms “mentor” and “mentee” and replacing it with “supervisor” and “supervisee” to be consistent with the statutory requirement for supervision set forth in KRS 309.312(3). The amendment also strikes language permitting a waiver of the letter recommending extension by the supervisor describing progress achieved because it has never been used and the Board wished to close the loophole waiving the supervisor’s recommendation for an extension. The language relating to an extension request by a deaf or hard of hearing temporary licensee has been stricken because it is repetitious and unnecessary as the extension requirements in place can be used by all temporary licensees. Additionally, the amendment will strike the reinstatement of the temporary license since there is no reinstatement authorized by statute, however extensions are authorized by statute, and move the language relating to extensions to 201 KAR 39:070 which relates only to temporary licenses in order to reduce confusion. Finally, the materials incorporated by reference will be updated and some moved in conformity with these amendments.

(b) The necessity of the amendment to this administrative regulation: These amendments are necessary to reduce the confusion surrounding renewal, reinstatement and extension of full and temporary licenses and to make the regulations consistent with the statutory requirements of supervision versus mentoring and reinstatement versus extensions of temporary licenses. the amendment also closes a loophole that would allow a temporary licensee to bypass the temporary

license extension requirement, to reduce confusion created by requirements for temporary license extension by both hearing and deaf interpreters and to update the forms.

(c) How the amendment conforms to the content of the authorizing statutes: The regulation is in conformity as the authorizing statute gives the board the ability to promulgate regulations generally related to the practice of interpreting.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will assist in effective administration by clarifying what the options for renewal, reinstatement and extension are for different license types which will in turn reduce questions and confusion by licensees requiring the board to process. The amendment will also make the regulations consistent with statute which specifically precludes renewal of a temporary license and never authorized reinstatement of a temporary license in the first place.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: There are 533 full and 45 temporarily licensed interpreters who will be affected, as well as an unknown number of new applicants.

(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: Licensees will be required to apply for renewal and reinstatement of a full license; and an extension of a temporary license.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The fees for renewal, extension or reinstatement of licensure are established in 201 KAR 36:030. There are no costs provided for in this regulation.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The entities will understand how to apply for renewal, reinstatement and extensions of each license.

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

(a) Initially: It will not cost the administrative body any additional funds to implement this administrative regulation.

(b) On a continuing basis: It will not cost the administrative body any additional funds to implement this administrative regulation.

(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 renewal or reinstatement of a full license and extension or reinstatement of a temporary 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 39:050

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 39:050

The following materials are incorporated by reference:

- (a) "License Renewal Application", June 2017, consisting of two (2) pages, is the form required to be used for licensure renewal.
- (b) "Reinstatement Application for Licensed Interpreters", December 2016, consisting of two (2) pages, is the form required to be used for reinstatement of a license.
- (c) "Temporary License Reinstatement Application", December 2016, consisting of three (3) pages, is the form required to be used for reinstatement of a temporary license.
- (d) "Temporary License Extension Application", June 2017, consisting of three (3) pages, is the form required to be used for a temporary license extension.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE
201 KAR 39:050

There are no substantive changes to the MIR with the exception of the Temporary License Reinstatement Application, which has been stricken and the Temporary License Extension Application being moved to 201 KAR 39:070 which relates only to temporary licensure. However, the forms have been numbered, statutory and regulatory citations have been added and the format has been updated.

- (a) "Full License Renewal Application", DPL-KBI-002, April 2024, consisting of four (4) pages, is the form required to be used for full licensure renewal.
- (b) "Reinstatement Application for Licensed Interpreters", DPL-KBI-003, April 2024, consisting of three (3) pages, is the form required to be used for reinstatement of a full license.

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	 FULL LICENSE RENEWAL APPLICATION	DPL-KBI- 002 Rev. April 2024 KRS 309.314, 309.060 201 KAR 39:050 and 39:040
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Return the completed form with the appropriate fee to the address above prior to the deadline date of July 1. Per KRS Chapter 309 and regulations governing this profession, you are required to renew your license every year by submitting:

1. Full License Renewal Application form;
2. Fifteen (15) hours of continuing education units, three (3) of which must be in ethics. Documentation of completion must be attached;
3. Proof of current certification; and
4. Renewal Fee of \$150, made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.**

Note:

- **Late fee** for renewals received during the 60-day grace period (postmarked between July 2 and August 31) is \$100. The licensee may continue to work during this grace period.
- **Licenses not renewed by August 31 will terminate** and you shall immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky.
- **No exceptions shall be made.**

<u>Last Name</u>		<u>First Name</u>		<u>Middle Name</u>	
<u>Social Security Number</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 (including area code)</u> <u>Work:</u> <u>Cell:</u> <u>Home:</u>					
<u>E-mail Address</u>					
1.	Have you ever been convicted of a felony, or a misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license? If yes, send supporting documentation.				<input type="checkbox"/> YES <input type="checkbox"/> NO

	<p>If yes, what offense?</p> <p>If yes, please explain when, where, etc.</p>	
2.	<p>Has your License as a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action since the last renewal of your license? If yes, give details & send supporting documentation:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	<p>Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting since the last renewal of your license? 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 found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held since the last renewal of your license? 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>Please list all your current nationally recognized certifications for sign language interpreters:</p> <p>(Attach a copy of at least one of the certifications)</p>	

Please complete the section below including the complete date and hours obtained. It is your responsibility to maintain all documentation of attendance. Requirements for continuing education units are outlined in 201 KAR 39:090 and should be carefully reviewed. **Do not attach documentation of attendance unless you are audited.**

Fifteen (15) continuing education unit hours are required, three (3) of which must be in ethics.

Course Name	Dates Attended mm/dd/yr	Hours Earned	Sponsoring Organization	Prior Board Approval Y/N

APPLICANT'S AFFIDAVIT

I, the licensee named in the above, do 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 license could be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

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

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360
Frankfort, KY 40602
(502) 782-8803[564-3296]

LICENSE RENEWAL APPLICATION

For Office Use Only

Fee: \$125.00[\$75.00]

Late Renewal:

\$185.00[\$135.00]

License #:

Your license expires on July 1 each year. In accordance with KRS Chapter 309 and regulations governing this profession, you are required to renew your license every year by submitting:

- 1) License Renewal Application
 - 2) 15 hours of continuing education which must be in Ethics (to be completed on page 2 [the back] of this form)
 - 3) **Proof of current RID/NAD/NAHCP membership and**
 - 4) Renewal Fee of \$125, made payable to **Kentucky State Treasury** **DO NOT SEND CASH.**
 - 5) Please return completed form with renewal fee to the address above prior to the **deadline date of July 1.**
- **Late fee** for renewals received during the grace period (marked between July 2 and August 31) is \$60. The licensee may continue to work during the grace period.
 - **Licenses not renewed by August 31** will be considered expired. Licensees must immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky.
 - **No exceptions shall be made.**
 - **Incomplete forms will be returned.**

COMPLETE THE FOLLOWING: (Please print or type)

1. NAME: LAST MIDDLE

2. SOCIAL SECURITY NUMBER LICENSE #

3. MAILING ADDRESS: STREET or

CITY STATE COUNTY

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

E-MAIL ADDRESS: FAX #

5. Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license? ☐ Yes ☐ No

If yes, what offense and give details:

(Send supporting documentation)

6. Has your License as a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action? ☐ Yes ☐ No

If yes, give details:

(Send supporting documentation)

7. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? ☐ Yes ☐ No

If yes, give details:

(Send supporting documentation)

8. 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, give details: _____
(Send supporting documentation)

9. I wish to be listed in a public directory of licensed interpreters: ☐ Yes ☐ No

List contact information for directory below:

Name _____
Address _____
Phone _____
Email _____

Please complete the form below. **COMPLETE DATE AND HOUR REQUIRED. Do not attach**
documentation of attendance unless specifically required. It is your responsibility to maintain all documentation of attendance.
Requirements for continuing education are defined in 201 KAR 39:09 and should be studied carefully.
Fifteen (15) continuing education hours are required, 3 of which must be in ethics.

Course Name	Completed	Sponsoring Organization	Prior Board Approval Y/N
Ethics (3 Hrs. required)			
List below:			

❖ Incomplete forms will be rejected

CERTIFICATION AFFIDAVIT

I, the licensee named in this form, 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 if I am investigated at any time and disclose any such misstatement or falsification, my license could be subject to disciplinary action by the Kentucky Board of Interpreters for the Deaf and Hard of Hearing.

Date _____ Applicant's Signature _____
(Sign your name - Do not print or type)

Do Not Write Below This Line--For Board and Office Use Only

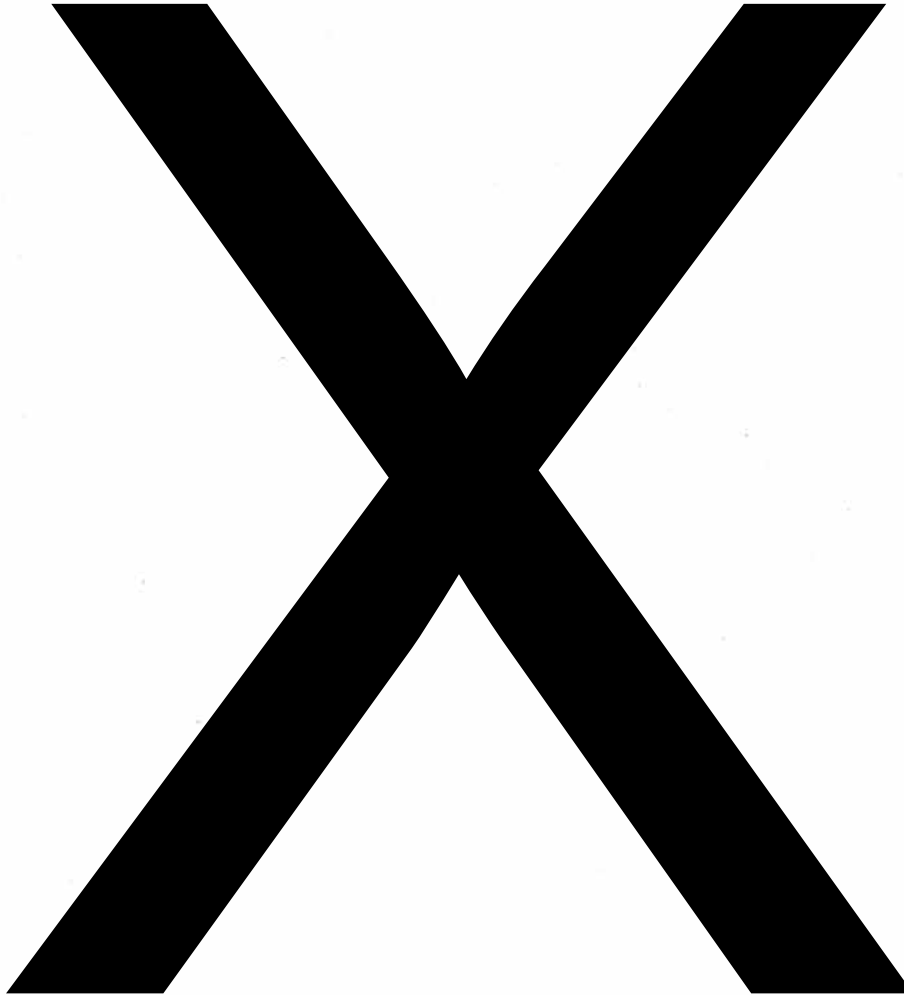
AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Resubmitted for review: Approved: [] Denied: [] By: _____ Date: __/__/__

Comments: _____



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	 REINSTATEMENT APPLICATION FOR FULL LICENSE	DPL-KBI-003 Rev. April 2024 KRS 309.314, 309.301 & 309.306 201 KAR 39:040, 201 KAR 39:050, 201 KAR 39:060, and 201 KAR 39:090
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Note: KRS 309.314 and 201 KAR 39:050 requires each licensed interpreter to reinstate their license upon expiration due to non-renewal. Further, 201 KAR 39:060 provides for reinstatement of a license subject to disciplinary action.

All licenses not renewed prior to August 31 each year will expire and the licensee shall **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky pursuant to KRS 309.301. The licensee may request reinstatement of the license by completing this form in its entirety and submitting it with the reinstatement fee of \$150.00 in addition to the \$150.00 license renewal fee, check, or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.**

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>Present Business 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.	<p>Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license?</p> <p>If yes, what offense and give details:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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2.	<p>Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?</p> <p>If yes, what offense and give details:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	<p>Has your License to be a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action?</p> <p>If yes, give details:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	<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?</p> <p>If yes, give details:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete the form below **INCLUDING COMPLETE DATE AND HOURS OBTAINED**. You **must** attach documentation of continuing education units. It is your responsibility to maintain all documentation of attendance.

Requirements for continuing education units are outlined in **201 KAR 39:090- Continuing education units**. This should be carefully reviewed.

Course Name	Dates Attended mm/dd/yr	CEU Hours Earned	Sponsoring Organization	Prior Board Approval Y/N

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do 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 license could be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

Applicant's Signature: _____ Date: _____

**KENTUCKY BOARD OF INTERPRETERS
FOR THE DEAF AND HARD OF HEARING**P.O. Box 1360
Frankfort, KY 40602
(502) 892-4252 ~ <http://kbi.ky.gov>**REINSTATEMENT APPLICATION FOR LICENSED INTERPRETERS**

Office Use Only

KRS 309.314 requires each licensed interpreter to notify the board of their intent to not renew their license for non-renewal. All licenses **not** renewed prior to August 31, 2016, are considered expired. Licensees must **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing until they receive notification from the board. The licensee may request reinstatement of the license by completing this form in its entirety and paying a reinstatement fee of \$125.00 in addition to the \$125.00 license renewal fee, check or money order payable to the **Kentucky State Treasurer**.

DO NOT SEND CASH.**PLEASE COMPLETE THE FOLLOWING (Please Print)**1. Note **changes in name and/or mailing address** (if any) above:

2. Present Business Address:

3. Home Phone () _____ Business Phone () _____ Email _____

4. License Number _____ Social Security Number _____

5. Have you been convicted of a misdemeanor where a jail sentence was imposed for any crime involving moral turpitude since the expiration of your license?

___ Yes ___ No If Yes, give details:

6. Have you been convicted of violating any federal or state law applicable to the practice of interpreting?

___ Yes ___ No If Yes, what offense and give details: _____

7. Has your License to be a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary action? ___ Yes ___ No.

If yes, give details:

(Please complete reverse side)

12/2016

201 KAR 39:050

DIRTY

FILED: JUNE 12, 2024²

8. Have you ever been found to have violated the code of ethics of a national organization that issued you a certificate or membership held? _____ Yes _____ No

If yes, give _____

Please complete this form INCLUDING COMPLETE DATE AND HOURS EARNED.

Incomplete forms will be rejected: You **must** attach documentation of continuing education. It is your responsibility to provide documentation of attendance). *Requirements for continuing education are outlined in 201 KAR 39:050* and should be followed carefully.

Course Name	Hours Completed Yr	CEU Hours Earned	Prior Board Approval Y/N

VERIFICATION AFFIDAVIT
I, the licensee named in the above, hereby certify under penalty of perjury that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I understand that, should investigation at any time disclose any misrepresentation or falsification, I may be subject to disciplinary action by the Kentucky Board of Professional Counselors for the Deaf and Hard of Hearing.

Date _____ Applicant's Signature _____

(Sign your name - Do not use initials)

Write Below This Line--For Board and Office Use Only

*** AUDIT REVIEW - FOR BOARD MEMBER USE ONLY ***

Applicant's Status: ☐ Approved ☐ Denied ☐ Deferred

Board Member: _____ Date: _____

Resubmitted for review: ☐ Approved ☐ Denied ☐ Deferred

Board Member: _____ Date: _____

Comments: _____

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360
Frankfort, KY 40602
(502) 892-4252 ~ <http://kbi.ky.gov>

LICENSE REINSTATEMENT APPLICATION

KRS 309.314 Does not allow for the issuance of a temporary license. Temporary licenses shall be reinstated only under limited circumstances. Temporary licenses **not** extended beyond 31 days. Temporary licenses 31 each year will terminate and the licensee must **CEASE** practicing the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky.

The board may reinstate and extend a license if the licensee submits:

- 1) proof sufficient to the board of:
 - (a) Medical disability of the licensee;
 - (b) Illness of the licensee or a family member; or
 - (c) Death or serious injury of a family member.
- 2) Temporary License Reinstatement Application
- 3) Completion of all continuing education (see part 14 of this form),
- 4) A letter from your mentor recommending you,
- 5) A new Plan of Supervision, and
- 6) The reinstatement fee of \$125.00. In addition to the \$125.00 (non-refundable) license extension fee, check or money order to the **Kentucky State Treasurer (DO NOT SEND CASH). Fees are non-refundable.**

Incomplete forms will be returned.

COMPLETE THE FOLLOWING:

1. NAME: LAST _____ FIRST _____
2. SOCIAL SECURITY _____ LICENSE NUMBER _____
3. MAILING ADDRESS _____
STREET or P.O. Box
CITY _____ STATE _____ ZIP _____
4. TELEPHONE: (WORK) _____ / (HOME) _____ / (CELL) _____
5. E-MAIL ADDRESS _____ / FAX # _____
6. _____

PRESENT EMPLOYER & BUSINESS ADDRESS:

7. Date of Initial License or Temporary License: INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360

Frankfort, KY 40602

(502) 892-4262 <http://kbr.ky.gov>**8. Did you initially apply for a license as a Deaf or Hard of Hearing individual?** ☐ Yes ☐ No

A temporary license is valid for a maximum of FIVE (5) consecutive licensure years from the date of issue, including any reinstatements that may be granted. Temporary licenses issued on or after July 1, 2012 will terminate no later than the date of the expiration of the license. Individuals who initially applied as Deaf or Hard of Hearing, working towards becoming a CDI, may hold a temporary license for a maximum of TEN (10) consecutive licensure years from the date of initial issuance.

An application for extension and renewal must be sent in each year.

At the end of that timeframe, the licensee must apply for extensions or reinstatement.

Note: "Licensure year" means the period from the 1st of each year to the 31st of the following year or the time from which a license or temporary license is issued until the next renewal.

9. EDUCATION:

Did you graduate from an Interpreter Training Program and earn a degree? ☐ Yes ☐ No

(If yes, check one): B.A. _____

10. List any and all degrees obtained, whether an

POST SECONDARY INSTITUTION	DEGREE	CO	MAJOR

11. Have you been convicted of a felony or misdemeanor where a sentence was imposed, or any crime involving moral turpitude since the issuance of your license? ☐ NO *If yes, what offense and give details:***12. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?** ☐ Yes ☐ No *(Send Supporting Documentation)***13. Has your license been suspended, annulled, or any other professional credential or any other state been subject to disciplinary action?** ☐ Yes ☐ No *If yes, give details:**(Send Supporting Documentation)*

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, give details:*

(Send Supporting Documentation)

14. **CONTINUING EDUCATION OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING**

Complete the form by entering complete date and hours obtained.

You must attach documentation of continuing education.

It is your responsibility to maintain all documentation of attendance.

(Requirements for continuing education for a reinstatement is outlined in 201 KAR 39:060

& 201 KAR 39:090,

LICENSE REINSTATEMENT

Incomplete forms will be rejected.

Requirements for continuing education are outlined in 201 KAR 39:060, including those requiring prior

Board approval. Eighteen hours are required, 3 in ethics, are

Incomplete forms will be rejected.

Workshop/Training/Course Name	Attended mm/dd/yy	Sponsoring Organization	Prior Board Approval was obtained? (if applicable)
Ethics (3 hours required): List Ethics hours			

DECLARATION AND SIGNATURE

I, the licensee named in the above, declare that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should I at any time disclose any such misrepresentation or falsification, I will be subject to disciplinary action by the Kentucky Board Interpreters for the Deaf and Hard of Hearing.

Date _____ Applied for _____
mm/dd/year (Sign your name - Do not print)

***** Write Below This Line--For Board and Office Use Only *****

ADDITIONAL REVIEW - FOR BOARD MEMBER USE ONLY

Application status: ☐ Approved ☐ Denied

Board Member(s): _____ Date: _____

Resubmitted: ☐ Approved ☐ Denied

Board Member(s): _____ Date: _____

Comments: _____

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360
Frankfort, KY 40602
(502) 782-8803

For Office Use Only

Fee: \$125.00

Late Renewal: \$160.00

License #:

TEMPORARY LICENSE EXTENSION APPLICATION

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 (i.e. A temporary license issued on July 1, 2012 will terminate no later than July 1, 2017). Individuals who initially applied as Deaf or Hard of Hearing, working towards becoming a CDI, may hold temporary license for a maximum of TEN (10) consecutive licensure years from the date of initial issuance.

Temporary licenses expire each year. In accordance with KRS Chapter 224 and regulations governing this profession, you are required to request an extension of your temporary license every year by submitting:

1. Temporary License Extension Application form,
2. 18 hours of continuing education documented on page 2 of this form,
3. A letter from your mentor recommending your extension,
4. A new Plan of Supervision for the next year,
5. The renewal fee of \$125 (non-refundable) payable to the Kentucky State Treasurer. (**DO NOT SEND CASH**).
6. Return completed forms with the application to the address above by the **deadline date of July 1**.
 - a. **LATE FEES:** The fee for application submitted after the deadline date of July 1 of the year of expiration) is \$35.00 (non-refundable).
 - b. Licensees not granted an extension of their license will terminate and you must immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth.

No exceptions shall be made. Late forms will be returned.

COMPLETE THE FOLLOWING (Print or type)

1.	NAME: LAST		
2.	SOCIAL SECURITY NUMBER	3.	LICENSE NUMBER
4.	HOME ADDRESS: Street		
	City	State	Zip
5.	WORK ADDRESS: Business Name Street or PO Box		
	City	State	Zip
6.	TELEPHONE NUMBER(S): WORK HOME CELL		
	E-MAIL ADDRESS		FAX

☐ Check if any of the above is a change of information since previous application/extension.

8. Date of initial issuance of temporary license: _____

9. Did you initially apply as a Deaf or Hard of Hearing individual? ☐ Yes ☐ No

- 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. (i.e. A temporary license issued on July 1, 2012 will terminate no later than July 1, 2017). Individuals who initially applied 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.
- An application and appropriate fees must be sent in each year.
- At the end of that period there are no more extensions or reinstatements.

Note: "Licensure year" is the period between July 1st of each year and July 1st of the following year or the time from which a license or temporary license was granted until the next renewal date.

10. EDUCATION: Did you graduate from an Interpreter Training Program and receive a degree?
☐ Yes ☐ No (If yes, check _____ A.A. _____)

11. List any and all degrees obtained whether an ITP or not degree.

POST SECONDARY INSTITUTION	DEGREE	COMPLETION DATE	MAJOR

12. Have you been convicted of a felony or crime where a jail sentence was imposed, or any crime involving moral turpitude that would result in revocation of your license?
☐ Yes ☐ No If yes, give details:

(Send supporting documentation)

13. Has your License to be a licensed interpreter or any other professional credential in Kentucky or any other state been subject to disciplinary review or any action?
☐ Yes ☐ No If yes, give details:

(Send supporting documentation)

14. Have you ever been convicted of violating any federal or state law related to the practice of interpreting?
☐ Yes ☐ No If yes, give details:

(Send supporting documentation)

15. 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, give details:

(Send supporting documentation)

16. CONTINUING EDUCATION (include the following):

- A. Complete date(s) (mm/dd/yyyy)
- B. Clock Hours obtained
- C. Do not attach documentation of attendance unless you are audited. However, it is your responsibility to maintain all documentation of attendance.
- D. If the continuing education activity required Board approval, attach a copy.

Requirements for continuing education are outlined in 201 KAR 39:090, including those requiring prior Board approval. Eight clock hours, 3 in ethics, are required.

Incomplete forms will be returned

Workshop/Training/Course	Dates Attended mm/dd/yr	CE Hours Earned	Signature	Prior Board Approval was obtained? Yes/No
Ethics (3 hours required): List Ethics hours below				

I, the licensee named in the above, understand and know that the information contained herein is true, correct, and complete to the best of my knowledge and belief.

I am aware that, should I at any time disclose any misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Interpreters for the Deaf and Hard of Hearing.

Applicant's Signature _____ Date _____
(Sign your name - Do not print or type) mm/dd/yyyy

Mentor's Signature _____ Date _____
(Sign your name - Do not print or type) mm/dd/yyyy

Do Not Write Below This Line--For Board and Office Use Only

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application: Approved [] Denied: [] By: _____ / _____ / _____

Date

Resubmitted: Approved [] Denied: [] By: _____ / _____ / _____

Date

Comments: _____