

1 GENERAL GOVERNMENT CABINET

2 BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

3 (Amendment)

4 201 KAR 39:060. Reinstatement of full license subject to disciplinary action.

5 RELATES TO: KRS Chapter 13B, 309.318.

6 STATUTORY AUTHORITY: KRS 309.304(3), 309.314

7 NECESSITY, FUNCTION, AND CONFORMITY:

8 KRS 309.304(3) requires the Board of Interpreters for the Deaf and Hard of Hearing to
9 promulgate administrative regulations to carry the provisions of KRS 309.300 to 309.3189. KRS
10 309.314 requires the board to promulgate administrative regulations concerning reinstatement and
11 renewal fees, as well as evidence of completion of continuing education. This administrative
12 regulation establishes the requirements for reinstatement of a license that has been the subject of
13 disciplinary action by the board.

14 Section 1. Reinstatement of a License Revoked by Disciplinary Action of the Board.

15 (1) If a license has been revoked, an individual may apply for reinstatement by:

16 (a) Submitting a completed License Reinstatement Application Form;

17 (b) Paying the initial licensure fee as set forth in 201 KAR 39:040 and the reinstatement
18 fee as set forth in 201 KAR 39:040;

19 (c) Submitting proof of qualification for licensure as set forth in 201 KAR 39:030; and

(d) Show evidence of completion of fifteen (15) hours of continuing education for each year since the date of revocation in accordance with the requirements established in 201 KAR 39:090.

(2)

(a) The board shall review the reinstatement request and determine whether to reinstate the license, based on the provisions of this subsection.

(b) Based upon the information submitted, the board shall determine if the conditions for reinstatement listed in KRS 309.318(5) have been met.

(c) If the board finds that the conditions for reinstatement have been met, it shall reinstate the license.

(d) If the board finds that the conditions for reinstatement have not been met, or the applicant failed to comply with the requirements of this administrative regulation, it shall refuse to reinstate the license. The applicant may then request, and the board shall grant, a hearing on the denial conducted pursuant to KRS Chapter 13B.

Section 2. Reinstatement of a License which was Voluntarily Surrendered as if Revoked.

(1) If a license has been voluntarily surrendered as if revoked, an individual may apply for reinstatement by:

(a) Meeting of all of the requirements of Section 1(1) of this administrative regulation; and

(b) Providing documentation of the successful completion of all requirements established in the agreed order that resulted in the voluntary surrender of the license as if revoked.

(2) For a request for reinstatement of a license voluntarily surrendered as if revoked, the board shall review the reinstatement request, make its determination, and provide for an appeal in accordance with Section 1(2)(a) through (d) of this administrative regulation.


1 Section 3. Incorporation by Reference.

2 (1) "Reinstatement Application for Full License", DPL-KBI-03, April 2024 [~~"License~~
3 ~~Reinstatement Application", 2011 form,~~] is incorporated by reference.

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

201 KAR 39:060

APPROVED BY AGENCY:

A handwritten signature in black ink, appearing to read 'Marva Johnson', 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 PPC public comment portal: https://ppc.ky.gov/reg_comment.aspx

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation No. 201 KAR 39:060

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 creates a procedure for the reinstatement of a licensed terminated based on a previous disciplinary action.
- (b) The necessity of this administrative regulation: This regulation provides a procedure for the reinstatement of a licensed terminated based on a previous disciplinary action.
- (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 by creating a procedure for the reinstatement of a licensed terminated based on a previous disciplinary action.

(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 update the material incorporated by reference, correct the agency address and add the board's website address.
- (b) The necessity of the amendment to this administrative regulation: The amendment is necessary to provide the public with the correct address for obtaining information and to update the material incorporated by reference.
- (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 correct the board's address and website information.

(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.

(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: Prospective licensees will need to meet the requirements for reinstatement of their licenses.
- (b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The fees as promulgated in 201 KAR 39:040 and any

costs associated with testing as required. These costs have not changed as a result of this amendment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): They will have the opportunity to have their license reinstated if the requirements are met.

(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 by this change.

(b) On a continuing basis: No continuing costs will be incurred by this change.

(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 temporary license. This administrative regulation does not establish 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 39:060

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 39:060

"License Reinstatement Application", 2011 form, consisting of two (2) pages, is incorporated by reference. This is the form required to be used to apply for reinstatement of a license under discipline or expired license.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE

201 KAR 39:060

This form has been retitled for clarity that the form is for reinstatement of a full license only. The form has been numbered, and statutory and regulatory citations have been added. It has also been updated for format. There are no other substantive changes to the form which is now incorporated by reference as the "Full License Reinstatement Application", DPL-KBI-003, April 2024, consisting of three (3) pages.

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

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 (including area code)</u>			
<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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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: _____

10/2011

FILED: _____, 2024

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

P.O. Box 1360

Frankfort, KY 40602

(502) 564-3296, Ext. 222

ATTN: Board Administrator, KBI

LICENSE REINSTATEMENT APPLICATION

Check One: ☐ License ☐ Temporary License

KRS 309.314 requires each licensed interpreter to reinstate their license upon termination for non-renewal. All licenses **not** renewed prior to August 31 each year will terminate and the licensee must **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky. The licensee may request reinstatement of the license by completing this form in its entirety and submitting it with the reinstatement fee of \$125.00 in addition to the \$75.00 license renewal fee, check or money order made payable to the **Kentucky State Treasurer**. **ALL FEES MUST BE PAID IN CASH. Fees are non-refundable.**

COMPLETE THE FOLLOWING: (PRINT NAME AND TYPE)

1. NAME: LAST FIRST MIDDLE
2. SOCIAL SECURITY NUMBER IDENTIFICATION NUMBER
3. MAILING ADDRESS: STREET P.O. Box
CITY ZIP COUNTY
4. TELEPHONE: (WORK) / (HOME) / (CELL)
5. E-MAIL ADDRESS FAX #
6. PRESENT EMPLOYER & BUSINESS ADDRESS:
7. Have you been convicted of any felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude in the last renewal of your license? ☐ Yes ☐ No If yes, what offense and give details:

(Send Supporting Documentation)

8. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? ☐ Yes ☐ No If yes, what offense and give details:

(Send Supporting Documentation)

9. 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:

(Send Supporting Documentation)

201 KAR 39:060

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, give details:*

(Send Supporting Documentation)

11. CONTINUING EDUCATION

- Complete the form below including 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, (b)(1)(i))
- Incomplete forms will be returned.

Course Name	Dates Completed mm/dd/yr	Hours Earned	Spouse Only	Prior Board Approval Y/N

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

Date: _____ mm/dd/year Signature: _____ (Sign your name - Do not use a stamp)

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

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application status: ☐ Approved ☐ Denied

Board Member(s): _____ Date: _____

Resubmitted for review: ☐ Approved ☐ Denied

Board Member(s): _____ Date: _____

Comments: _____