

1 GENERAL GOVERNMENT CABINET

2 BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

3 (Amendment)

4 201 KAR 39:070. Application and qualifications for temporary licensure and extensions.

5 RELATES TO: KRS 309.312(1)(b), (3)

6 STATUTORY AUTHORITY: KRS 309.304(3), 309.312

7 NECESSITY, FUNCTION, AND CONFORMITY:

8 KRS 309.304(3) and 309.312(1)(b) and (3) require the board to promulgate an
9 administrative regulation establishing the requirements for an applicant for temporary licensure as
10 an interpreter for the deaf and hard of hearing. This administrative regulation establishes the
11 requirements regarding temporary licensure, including extensions.

12 Section 1.

13 Application for Temporary Licensure. Each applicant shall submit:

14 (1) A completed Application for Temporary Licensure [~~Form, as incorporated by reference~~
15 ~~in 201 KAR 39:030~~];

16 (2) The appropriate application and licensure fees as required by 201 KAR 39:040;

17 (3) A Plan of Supervision for Temporary License from a board approved
18 supervisor[~~mentor~~];

19 (4) Proof documenting passage of the CGKE, the NIC₂ or EIPA Knowledge Exam for
20 anyone working in the K-12 school setting, within the last five (5) years of application. If the
21 interpreter is deaf or hard of hearing, forty (40)[~~eighteen (18)~~] hours of continuing education

focused on general interpretation and ethics ~~[CDI preparation]~~ may be obtained in lieu of this requirement; and

(5) Proof of achieving or holding one (1) of the following:

(a) Valid NAD Level III as a currently certified member;

(b) ~~[SCPI Advanced or better, within three (3) years of application;]~~

~~[(e)]~~ SLPI Advanced or better, within three (3) years of application;

(c)[(d)] ASLPI of three and one-half (3.5) or better, within three (3) years of application;

(d)[(e)] EIPA of three and one-half (3.5) or better, within three (3) years of application;

or

(e)[(f)] BEI Basic or better, within three (3) years of application.

Section 2. Temporary Licensure Duration.

(1) An individual may hold temporary licensure for a maximum of five (5) consecutive licensure years from the date of initial issuance.

(2) An individual who is deaf or hard of hearing may hold temporary licensure for a maximum of ten (10) consecutive licensure years from the date of initial licensure.

(3) Any ~~[reinstatement or]~~ extension of a temporary license shall occur during the period established in subsection (1) or (2) of this section and 201 KAR 36:050. Section 3 and Section 4.

~~[(4) The board shall, in individual cases involving medical disability, illness, undue hardship, or active military service, or other extenuating circumstances that preclude the individual from completing the requirements, grant an extension of temporary licensure for an additional one (1) year for applicants who submit to the board:~~

1 ~~(a) A written request for an extension of the temporary licensure term delivered to the~~
2 ~~board, by certified mail, no less than thirty (30) days before the expiration of the temporary license;~~
3 ~~and~~

4 ~~(b)~~
5 ~~1. Verifying documentation signed by a licensed physician or proper military personnel, if~~
6 ~~applicable; or~~

7 ~~2. Documentation that provides evidence to support the extension.]~~

8 Section 3. Supervision Requirements.

9 ~~[(4)]~~ Each applicant for a temporary license shall be trained and supervised by a board-
10 approved supervisor and shall meet the requirements of 201 KAR 39:075~~[mentor].~~

11 ~~[(2) During the period of training and supervision the mentor shall meet with the licensee~~
12 ~~on a quarterly basis. One (1) of these meetings shall be face to face basis with each person being~~
13 ~~mentored. The remaining meetings may be through the use of video or video teleconferencing or~~
14 ~~any other method outlined in the approved plan of supervision.~~

15 ~~(3) A mentor shall contract with no more than twenty (20) temporary licensees during a~~
16 ~~calendar year.]~~

17 Section 4. Extensions of Temporary Licenses.

18 (1) Temporary licenses shall expire on July 1 each year. To extend a temporary license, a
19 request for extension shall be submitted by July 1 each year. An applicant whose temporary license
20 has expired may apply for an extension during the initial five (5) year period for a hearing
21 interpreter, or the initial ten (10) year period for a deaf interpreter, from the date the temporary
22 license was issued. The board may issue the extension for good cause shown as determined by

board, and the duration of the extended temporary license shall not exceed the duration of the initial temporary license.

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

(a) A completed Temporary License Extension Application form;

(b) The appropriate fee set forth in 201 KAR 39:040;

(c) Proof of completion of the continuing education requirements set forth in 201 KAR 39:090;

(d) A letter recommending extension written by the board-approved supervisor for the previous licensure term which describes the progress achieved by the supervisee; and

(e) A revised plan of supervision for the upcoming licensure year.

(3) The extensions of temporary licenses under this section shall be subject to the term limitations imposed by Section 2(1) and (2) of this administrative regulation.

(4) The board may extend the use of the temporary license to an applicant who has submitted an Application for Extension on or before the July 1 deadline for a period not to exceed sixty (60) days. The board shall review the application for extension prior to the expiration of the sixty (60) day period.

Section 5. Appeal of Denial of an Application for Temporary Licensure.

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

(2) An appeal shall be:

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

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

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

6 Section 6. Incorporation by Reference.

7 (1) "Application for Temporary Licensure" , DPL-KBI-04, April 2024, is incorporated by
8 reference.

9 (2) "Plan of Supervision for Temporary License", DPL-KBI-05, April 2024[10/2011], is
10 incorporated by reference.

11 (3) "Temporary License Extension Application", DPL-KBI-06, April 2024.

12 (4) [(2)] This material may be inspected, copied, or obtained, subject to applicable
13 copyright law, at the Department of Professional Licensing, 500 Mero Street, 911 Leawood Drive,
14 Frankfort, Kentucky 40601, Monday through Friday, 8:00 a.m. to 4:30 p.m. and can be found on
15 the board website at kbi.ky.gov.

201 KAR 39:070

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

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation No. 201 KAR 39:070

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: Establishes the requirements to obtain a temporary license as an 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 scores for temporary licensure and establish an expiration date for certifications.
- (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 temporary 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 supervision requirements for temporary licensure and the expiration date for certifications.
- (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 supervision requirements for obtaining temporary 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:
 - 1. Clarifies the proper application for temporary licensure; 2. Requires that the temporary licensee have a board-approved “supervisor” rather than “mentor” in compliance with the requirements of KRS 309.312(3); 3. Adds the CASLI Generalist Knowledge Exam (CGKE) which is the current exam administered which replaces the NIC Knowledge Exam, which was retired on January 1, 2021, and retired with the CGKE. However, the Board will still accept passage of the NIC for applicants who took the exam prior to 2021; 4. Clarifies that the EIPA Knowledge Exam is appropriate only for those working in the K-12 school setting; 5. Strikes reference to CDI preparation since CDI is too limiting, does not have enough courses and is only offered every two (2) years and replaces it with CE focused on general interpretation and ethics; 6. Strikes reference to an assessment (SCPI) that is no longer available and increases certain skill assessment scores to ensure proper knowledge for protection of the public served; 7. Strikes language allowing the Board to grant additional extensions of temporary licensure under extenuating circumstances; 8. Strikes the language relating to the number of supervisees a supervisor may have to place the language in a new regulation relating only to supervision; 9. Inserts appeal rights for a denial; 10. To add regulations relating to extensions to the regulation relating to temporary licensure; and, 11. Updates the MIR.
- (b) The necessity of the amendment to this administrative regulation: The amendment is necessary in order to: 1. Clear up confusion on the proper form to use for temporary licensure applicants; 2. To be consistent with KRS 309.312(3) requiring supervision rather than a mentor; 3. To list current examinations for licensure eligibility based on the current examinations

offered for certification; 4. To increase the score to ensure individuals with EIPA Knowledge Exam passage-only have more proficiency and are limited to the K-12 school setting, the setting that assessment of skills is designed for and which is not an appropriate assessment of skills for someone working with the general public; 5. To remove courses that are not widely available and which make licensure too limiting and replace them with courses that are more readily accessible to increase opportunities for licensure; 6. To increase assessment scores and thus the level of proficiency in interpreting before issuance of a temporary license in an effort to protect the public; 7. To strike language relating to extensions of the temporary license for extenuating circumstances since this led to extensions beyond the five (5) years authorized in Section 2.(1) and (2). Further, the Board felt the authorization for extension under extenuating circumstances was too subjective; 8. To strike all reference to reinstatement of temporary and put all regulations relating to supervision of a temporary licensee into one regulation rather than having them in multiple regulations; 9. To provide clarification on appeal rights for a denial of temporary licensure; 10. To add regulations relating to the extension of a temporary license so all regulations relating to temporary licensure are together and to reduce confusion. This was also a recommendation made by the Policy Committee; and 11. To update the MIR based on the amendments to the regulation.

(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 temporary licenses. KRS 309.312 requires applicants to meet current certification standards from a nationally recognized organization at the requisite level for sign language interpreters. The amendment clarifies multiple items for the proper administration of temporary licensees.

(d) How the amendment will assist in the effective administration of the statutes: This amendment will clear up substantial confusion experienced by applicants in ensuring the proper form is used and the proper application of the credential, and allow to update the certifications that have expired to ensure licensees have up to date skills.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: There 45 temporarily licensed interpreters and an unknown number of future 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: This administrative regulation requires applicants to complete the current application for licensure as the first step of obtaining temporary licensure as an interpreter. This application will require licensees to obtain current certification in sign language skills and have higher scores for certain exams to qualify for temporary licensure.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The board does not anticipate any additional cost to the applicants affected by the amendment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Applicants for licensure will know the correct title of the current application for temporary

licensure and will better understand the required qualifications for temporary licensure, as well as the appropriate setting for using the temporary license for those qualifying with the EIPA Knowledge Exam.

(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 obtaining 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 39:070

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 39:070

The "Plan of Supervision for Temporary License", 10/2011, consisting of three (3) pages, is the form required to be used by for the supervision plan for temporary licensure applicants. This form is incorporated by reference.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE

201 KAR 39:070

A new form, the "Application for Temporary Licensure" , DPL-KBI-04, April 2024, consisting of six (6) pages, is incorporated by reference, and is being adopted for ease in administration between the different licensing types rather than using the same for both full license and temporary license.

Additionally, the "Plan of Supervision for Temporary License", DPL-KBI-05, April 2024, consisting of four (4) pages, is incorporated by reference. The form has been updated for format and the statutory and regulatory citation has been added, as well as an assigned form number.

Finally, the "Temporary License Extension Application", DPL-KBI-006, April 2024, consisting of four (4) pages, has been moved from 201 KAR 39:050 to this administrative regulation since it is the form required to be used for a temporary license extension and this administrative regulation will now house all items relating to temporary licensure application and extension.

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
TEMPORARY LICENSURE**

DPL-KBI-004
Rev. April 2024

KRS 309.312
201 KAR 39:070

NOTE: A temporary license is granted for a maximum of FIVE (5) consecutive licensure years from the date of issue, including any extensions 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)

<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

<p>3.</p>	<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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4.</p>	<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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>5.</p>	<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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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

(Circle and provide evidence of 1, 2, and 3)

1) PASSAGE OF WRITTEN KNOWLEDGE EXAM (Select one or more)

<input type="checkbox"/> NIC Knowledge Exam
<input type="checkbox"/> EIPA Knowledge Exam
<input type="checkbox"/> Documentation of eighteen (18) hours of CDI continuing education units 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” means 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 (Select one or more)

<input type="checkbox"/> <u>SCPI/SLPI:</u> Advanced or better within three years of application. (Sign Communication Proficiency Interview/Sign Language Proficiency Interview) Level:
<input type="checkbox"/> <u>ASLPI:</u> 3.5 or better within three years. (American Sign Language Proficiency Interview) Score:
<input type="checkbox"/> <u>EPIA:</u> 3.5 or better for temporary licensure (Educational Interpreter Performance Assessment)
<input type="checkbox"/> <u>NAD:</u> NAD Level III Intermediate (must be a currently certified NAD member) (National Association of the Deaf)
<input type="checkbox"/> <u>BEI:</u> Basic or better within three years (Board for Evaluation of Interpreters)

3) Signed Plan of Supervision for Temporary License Form Attached?

- ☐ Yes
☐ No

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.

Commonwealth of Kentucky
Board of Interpreters for the
Deaf and Hard of Hearing
P.O. Box 1360
Frankfort, KY 40602
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Fax: 502-564-4818
KBI@ky.gov



PLAN OF SUPERVISION FOR TEMPORARY LICENSE

DPL-KBI-005
April 2024
KRS 309.312
201 KAR 39:070

INSTRUCTIONS

1. Read the instructions and application carefully before filling it out.
2. Answer all questions. If the answer is "no" or "none", please indicate. If non-applicable, indicate "N/A". If additional space is needed, attach separate sheets.
3. If experience from multiple work settings or supervision from more than one supervisor is planned, complete the following information for each.
4. If applicable, please include the agency's official job description on agency letterhead.

Note: Any changes to this Supervision Plan are required to be submitted for approval to the Board, in writing, by filling out a new plan of supervision for temporary license.

APPLICANT INFORMATION

(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>	

INTERPRETING SETTING(S)/EMPLOYMENT

<u>Agency/Name:</u>	<u>Telephone Number</u> (including area code)		
<u>Street Address:</u>			
<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>County:</u>
<u>In What Type of Interpreting Settings Are You Engaged?</u> (i.e., Private Practice, medical, office, V.R. educational, postsecondary, mental health, etc.)			

PLAN OF INTERPRETING SUPERVISION

(Attach additional sheets as needed)

<u>Board Approved Supervisor Name:</u>	<u>Board approved Supervisors License Number:</u>
---	--

1. <u>A detailed description of how the supervisor will supervise the temporary license in compliance with 201 KAR 39:075. Section 2:</u>
<input type="checkbox"/> <u>On-site observation:</u>
<input type="checkbox"/> <u>Video of practice:</u>
<input type="checkbox"/> <u>Provide team interpreting setting when appropriate:</u>
<input type="checkbox"/> <u>Other:</u>
2. <u>A detailed description of the supervisory session plan:</u>
<ul style="list-style-type: none"><u>What is your plan for compliance with quarterly meetings, including face-to-face and other meetings?</u>
<ul style="list-style-type: none"><u>How long are the supervisory sessions:</u>
<ul style="list-style-type: none"><u>What will be done in these sessions:</u>

- How will they be conducted:

3. Specific Skills Targeted:

☐ English-to-ASL: (describe)

☐ ASL-to-English: (describe)

☐ Ethics:

4. A detailed description of the condition, procedures & timeline for termination of this relationship:

Note: Any termination of a plan of supervision must be reported to the KY Board of Interpreters for the Deaf and Hard of Hearing upon termination. Both the supervisor and supervisee are responsible for reporting.

AFFIDAVIT

A. I, the Supervisor of Record for the above-named applicant for temporary licensure for interpreting, have devised and discussed this plan with the applicant and accept responsibility for its implementation. If, for any reason, the conditions of this plan are changed, or this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my certification is current, and will be maintained throughout this period.

Signature of Supervisor: _____ **Date:** _____

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

Signature of Applicant: _____ **Date:** _____

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

Signature of Agency/School Representative: _____ **Date:** _____

10/2011

FILED: _____ 2024

1

PLAN OF SUPERVISION FOR TEMPORARY LICENSE**INSTRUCTIONS**

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

PRINT OR TYPEAPPLICANT'S
NAME: _____APPLICANT'S
ADDRESS: _____

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

INTERPRETING SETTING(S)/EMPLOYMENT

Agency /Name: _____ Phone: () -

Address: _____

Street Address

State

Zip Code

IN WHAT TYPE OF INTERPRETING SETTINGS ARE YOU EMPLOYED?

(i.e. Private Practice, medical, educational, postsecondary, etc.)

MENTOR/SUPERVISOR OF RECORD

Name: _____ KY

Address: _____

Street

City

State

Code

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

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

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

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

10/2011

FILED: _____ 2024

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PLAN OF INTERPRETING SUPERVISION (*attach additional sheets as needed*)**Must Include the following:****A.** A detailed description of how you will conduct the supervision: (*may select one or more*)☐ On-site observation _____☐ Video of _____☐ Provide team information when appropriate _____☐ Other _____**B.** A detailed description of the supervision, and frequency of supervision in this practice: (i.e.☐ how often will mentoring sessions _____☐ how long are mentoring sessions; _____☐ what will be done in these sessions: _____☐ how they will be conducted: _____**C.** Specific Skills Targeted:☐ English-to-ASL (describe) _____☐ ASL-to-English _____☐ Ethical _____**D.** Outline a detailed description of the condition, procedures & timeline for termination of this relationship:

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

10/2011

FILED: _____ 2024

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AFFIDAVIT

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

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

Signature of Mentor: _____

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

Signature of Applicant: _____

Date: _____

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

Signature of Agency/School
Representative: _____

Date: _____

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



TEMPORARY LICENSE EXTENSION APPLICATION

DPL-KBI- 006
Rev. April 2024

KRS 309.312
201 KAR 39:050. Section 4, and
201 KAR 39:070

A temporary license may be issued for a maximum of FIVE (5) consecutive licensure years from the date of issuance. 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. **At the end of that timeframe, there are no additional extensions.**

Note: “Licensure year” means the period between July 1st of each year and June 30th of the following year or the time from which a license or temporary license was granted until the next June 30th.

Temporary licenses expire on July 1 each year. There is no grace period for an extension. Per KRS Chapter 309 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 units (Proof of completion required. See Page 3;
3. A letter from your supervisor recommending your extension;
4. A new Plan of Supervision form; and
5. The renewal fee of \$125 (non-refundable), made payable to the **Kentucky State Treasurer. *DO NOT SEND CASH.***
6. Return completed forms with the appropriate fee to the address above by the **deadline date of July 1.** **THERE IS NO GRACE PERIOD FOR AN EXTENSION.**

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>Temporary License Number:</u>	<u>Date of initial issuance of temporary license</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>

E-mail Address

1.	Are you or your spouse an active military member? If yes, provide DD214.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Did you initially apply as a deaf or hard-of-hearing individual?	<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 Since your last extension? 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.	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 disciplinary action? If yes, please explain when, where, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION 2- Education

1.	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																
2.	List all degrees obtained, whether an ITP or non-ITP degree: <table border="1" style="width: 100%;"><thead><tr><th style="text-align: center;"><u>Post Secondary Institution</u></th><th style="text-align: center;"><u>Degree</u></th><th style="text-align: center;"><u>Completion Date</u></th><th style="text-align: center;"><u>Major</u></th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	<u>Post Secondary Institution</u>	<u>Degree</u>	<u>Completion Date</u>	<u>Major</u>													
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SECTION 3- CONTINUING EDUCATION UNITS

Include the following:

- a) Complete date(s) (mm/dd/yyyy)
- b) Clock Hours obtained.
- c) Attach documentation of attendance. It is your responsibility to maintain all documentation of attendance.
- d) If the continuing education unit activity required Board approval, attach a copy.

Requirements for continuing education units are outlined in 201 KAR 39:090, including those requiring prior Board approval. Eighteen (18) clock hours, three (3) in ethics, are required.

Course Name	Dates Attended mm/dd/yr	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 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.

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