

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</u> (including area code)					
<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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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>	<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 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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
5.	<p>Please list all your current nationally recognized certifications for sign language interpreters: (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.