

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</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>	<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: _____