

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 <a href="mailto:KBI@ky.gov">KBI@ky.gov</a>	 <b>APPLICATION FOR          TEMPORARY LICENSURE</b>	DPL-KBI-004 Rev. April 2024  KRS 309.312 201 KAR 39:070, 39:040
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**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><b>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.</b></p> <p><b>If yes, what offense?</b></p> <p><b>If yes, please explain when, where, etc.</b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>4.</p>	<p><b>Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? If yes, send supporting documentation.</b></p> <p><b>If yes, what offense?</b></p> <p><b>If yes, please explain when, where, etc.</b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>5.</p>	<p><b>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.</b></p> <p><b>If yes, what offense?</b></p> <p><b>If yes, please explain when, where, etc.</b></p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>

<b>6.</b>	<b>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.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>7.</b>	<b>I wish to be listed in a public directory of licensed interpreters.</b>  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**

<b>8.</b>	<b>Did you graduate from an Interpreter Training Program?</b>  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		Degree
		From	To	Month	Year	

### **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 forty (40) hours of CDI continuing education units can be submitted in lieu of the Knowledge Exams (for Deaf or Hard of Hearing applicants only) <b>AND</b> 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"/> <b><u>SLPI: Advanced or better within three years of application.</u></b> (Sign Communication Proficiency Interview/Sign Language Proficiency Interview)  Level:
<input type="checkbox"/> <b><u>ASLPI: 3.5 or better within three years of application.</u></b> (American Sign Language Proficiency Interview)  Score:
<input type="checkbox"/> <b><u>EPIA: 3.5 or better within three years of application.</u></b> (Educational Interpreter Performance Assessment)
<input type="checkbox"/> <b><u>NAD: NAD Level III as a currently certified NAD member.</u></b> (National Association of the Deaf)
<input type="checkbox"/> <b><u>BEI: Basic or better within three years within three years of application.</u></b> (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.