Commonwealth of Kentucky
Board of Interpreters for the
Deaf and Hard of Hearing
P.O. Box 1360
Frankfort, KY 40602
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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)

Last Name	First Name	Middle Name	Social Security Number

Mailing Address

Street or P.O. Box:

City: **State:** **Zip:** **County:**

Telephone Numbers (including area code)

Work: **Cell:** **Home:**

INTERPRETING SETTING(S)/EMPLOYMENT

Agency/Name:	Telephone Number (including area code)

Street Address:

City: **State:** **Zip:** **County:**

In What Type of Interpreting Settings Are You Engaged?
(i.e., Private Practice, medical, office, V.R. educational, postsecondary, mental health, etc.)

PLAN OF INTERPRETING SUPERVISION

(*Attach additional sheets as needed*)

Board Approved Supervisor Name:	**Board approved Supervisors License Number:**

1. A detailed description of how the supervisor will supervise the temporary license in compliance with 201 KAR 39:075. Section 2:

- ❑ On-site observation:

- ❑ Video of practice:

- ❑ Provide team interpreting setting when appropriate:

- ❑ Other:

2. A detailed description of the supervisory session plan:

- What is your plan for compliance with quarterly meetings, including face-to-face and other meetings?

- How long are the supervisory sessions:

- What will be done in these sessions:

- 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:** _____