

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 \$150 (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.	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. If yes, what offense? If yes, please explain when, where, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? If yes, send supporting documentation. If yes, what offense? If yes, please explain when, where, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	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. If yes, what offense? If yes, please explain when, where, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO

6.	<p>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?</p> <p>If yes, please explain when, where, etc.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION 2- Education

1.	<p>Did you graduate from an Interpreter Training Program?</p> <p>If yes, did you receive a B.A. or A.A degree?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO																
2.	<p>List all degrees obtained, whether an ITP or non-ITP degree:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Post Secondary Institution</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Degree</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Completion Date</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Major</u></th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </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

Supervisor's Signature _____ Date _____
(Sign your name - Do not print or type) mm/dd/yyyy