

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 BOARD-APPROVED SUPERVISOR</b>	DPL-KBI-007 Rev. April 2024 Page 1 of 3  KRS 309.304 201 KAR 39:001, 39:070 & 39:075
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**SECTION 1**  
(TYPE OR PRINT ALL INFORMATION)

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>License Number</u>
<b><u>Mailing Address</u></b>			
<b><u>Street or P.O. Box:</u></b>			
<b><u>City:</u></b>	<b><u>State:</u></b>	<b><u>Zip:</u></b>	<b><u>County:</u></b>
<b><u>Telephone Numbers</u></b> (including area code)			
<b><u>Work:</u></b>	<b><u>Cell:</u></b>	<b><u>Home:</u></b>	
<b><u>E-mail Address</u></b>			

**SECTION 2 – CERTIFICATION**

Select one or more of the following certifications of competence or skill assessments:

**Note:** Certification must be held for a minimum of three (3) years prior to serving as a supervisor. You **must** attach documentation of the selected certifications.

<input type="checkbox"/> <b>BEI-</b> Board for Evaluation of Interpreters (Advanced)	<input type="checkbox"/> <b>CDI-P-</b> Certified Deaf Interpreter- Provisional	<input type="checkbox"/> <b>CLIP-R-</b> Conditional Legal Interpreting Permit-Relay
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<input type="checkbox"/> <b>NIC-</b> National Interpreter Certification	<input type="checkbox"/> <b>CSC-</b> Comprehensive Skills Certificate	<input type="checkbox"/> <b>MCSC-</b> Master Comprehensive Skills Certificate
<input type="checkbox"/> <b>Ed: K-12-</b> Educational Certificate: K-12	<input type="checkbox"/> <b>RSC-</b> Reverse Skills Certificate	<input type="checkbox"/> <b>SC-L-</b> Specialist Certificate: Legal
<input type="checkbox"/> <b>NIC-Advanced –</b> National Interpreter Certification (Advanced)	<input type="checkbox"/> <b>OTC-</b> Oral Transliteration Certificate	<input type="checkbox"/> <b>Prov. SC: L-</b> Provisional Specialist Certificate: Legal
<input type="checkbox"/> <b>NIC-Master-</b> National Interpreter Certification (Master)	<input type="checkbox"/> <b>IC/TC-</b> Interpreting Certificate/Transliteration Certificate	<input type="checkbox"/> <b>SC: PA-</b> Specialist Certificate: Performing Arts
<input type="checkbox"/> <b>OIC: V/S-</b> Oral Interpreting Certificate: Visible to Spoken	<input type="checkbox"/> <b>IC-</b> Interpreting Certificate	<input type="checkbox"/> <b>OIC: C-</b> Oral Interpreting Certificate: Comprehensive
<input type="checkbox"/> <b>CT-</b> Certificate of Transliteration	<input type="checkbox"/> <b>TC-</b> Transliteration Certificate	<input type="checkbox"/> <b>OIC: S/V-</b> Oral Interpreting Certificate: Spoken to Visible
<input type="checkbox"/> <b>CI-</b> Certificate of Interpretation	<input type="checkbox"/> <b>CLIP-</b> Conditional Legal Interpreting Permit	

**National Association for the Deaf**

<input type="checkbox"/> <b>NAD IV-</b> Level IV Advanced	<input type="checkbox"/> <b>NAD V-</b> Level V Masters
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**National Training, Evaluation, and Certification Unit (NTECUnit)**

<input type="checkbox"/> <b>CLTNCE-</b> Cued Language Transliterator National Certification Examination
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**SECTION 3- CONTINUING EDUCATION UNITS**

**Note:** Must have forty-five (45) hours of continuing education units since obtaining the previously stated certification. You **must** attach documentation of continuing education units. It is your responsibility to maintain all documentation of attendance.

<b>Course Name</b>	<b>Dates Attended mm/dd/yr</b>	<b>CEU Hours Earned</b>	<b>Sponsoring Organization</b>

This form may be returned by email to [kbi@ky.gov](mailto:kbi@ky.gov) or mail to the Kentucky Board of Interpreters for the Deaf and Hard of Hearing, P. O. Box 1360, Frankfort, Kentucky 40602.

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Signature of Applicant

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Date