

IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise ID 83714 or
PO Box 83720, Boise, ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: shs@dopl.idaho.gov

DEAF INTERPRETER EXEMPTION

Per Idaho Code § 54-2905(04)(c), “a person who is deaf or hard of hearing and does not possess interpreter certification or credentials may, at the discretion of the board by rule, perform in the role of a deaf interpreter.” Board Rule 100 .06 states that, “persons who are deaf or hard-of-hearing and are not sign language interpreters may perform in the role of a deaf interpreter if they file with the Board one (1) written endorsement letters from sign language interpreters licensed by the Board.” This process must be completed annually.

In order to assist you in providing the Board information, please use this form. If you possess interpreter certification or credentials, please use the application for licensure form or the out of state registration form.

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
(The above address is a public record) Street City State Zip

3. **E-mail** _____ **Phone Number** (____) _____
(This is not a public record; required by I.C. § 67-2609.) (The above phone number is a public record)

4. **I do ___ or I do not ___ wish to be listed on the Board’s website as a deaf interpreter.**

Signature of Applicant

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LETTER OF ENDORSEMENT FOR DEAF INTERPRETERS

Per Idaho Code § 54-2905(4)(c), “a person who is deaf or hard of hearing and does not possess interpreter certification or credentials may, at the discretion of the board by rule, perform in the role of a deaf interpreter.” Board Rule 100 .06 states that, “persons who are deaf or hard-of-hearing and are not sign language interpreters may perform in the role of a deaf interpreter if they file with the Board one (1) written endorsement letters from a sign language interpreter.”

In order to assist you, please have those providing your endorsement letters use this form.

Date of letter _____

I hereby endorse _____ residing at _____ with the
Print Deaf Interpreter Name Print Deaf Interpreter Address

phone number of _____ as a deaf interpreter because he/she possesses
Deaf Interpreter's Phone Number

the following skills and knowledge to perform this role:

Print Sign Language Name and Idaho License #

Signature of Sign Language Interpreter

Print Sign Language Name and Idaho License #

Signature of Sign Language Interpreter