

IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

**Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 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**

LETTER OF ENDORSEMENT FOR DEAF INTERPRETERS

(Deaf interpreters must provide two letters of endorsement from sign language interpreters licensed in the State of Idaho.)

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