

**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](mailto:shs@dopl.idaho.gov)**

**APPLICATION INSTRUCTIONS FOR SIGN LANGUAGE INTERPRETER**

**OUT OF STATE REGISTRATION**

A person licensed or certified as a sign language interpreter in another state, territory or the District of Columbia, who is not a resident of the state of Idaho, may practice language interpreting in Idaho for a period of thirty (30) days within a 12 month period. Before commencing practice, the person must file with the Board this statement of registration. Please submit this form prior to engaging in sign language interpreting. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

**Application Checklist for Sign Language Interpreter Out of State Registration- Please keep a copy of this application for your records.**

- Completed application. All requested information must be provided and the form must be notarized. **\*\*Please note the registration must be issued before you can begin practice.**
- Full name currently being used. Also include any other names previously used. (If the name on your application does not match the proof of age document or RID membership, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.)
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of current RID membership card, if applicable.
- Applicable fees of \$10.00.

REGISTRATION FEE - \$10.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid

**All applicants must review the Idaho laws & rules** prior to licensure. Please note that according to Section Idaho Code § 54-2904, you must be licensed to practice. The Board’s Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

**Definitions**

Definitions pertaining to the practice of Sign Language Interpreting in the state of Idaho may be found in Idaho Code § 54-2903. Please review the laws and rules on the website: <https://dopl.idaho.gov>.

**ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES**

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

**Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.**

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APPLICATION INSTRUCTIONS FOR SIGN LANGUAGE INTERPRETER OUT OF STATE REGISTRATION - \$10

I hereby submit my registration to practice as a Sign Language Interpreter in the State of Idaho under the provisions of Title 54, Chapter 29, Idaho Code, and provide the following:

- 1. Full Name (Mr., Mrs., or Ms.)
2. Address of Record
3. Mailing Address
4. E-mail Phone Number
5. Social Security No.
6. Do you hold a current certification recognized by the Registry of Interpreters for the Deaf (RID)?
7. State or territory where you are licensed or certified License/Cert. #
8. State Address:
9. State Phone Number:

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of , County of , ss.
Subscribed and sworn before me this day of , 20 .

(seal)

Notary Public Official Signature
My Commission Expires