

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

APPLICATION INSTRUCTIONS FOR SIGN LANGUAGE INTERPRETER PROVISIONAL PERMIT

Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address above. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. Completed licensure applications along with all requested documentation must be received in the Division of Occupational and Professional Licenses at least 7 business days prior to the next scheduled meeting. Applications received after that date may be held over for the Board's next meeting. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **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.**

Note: Upon termination of supervision, a new permit may be applied for in accordance with Rule 480. A provisional permit expires automatically upon issue of an original license. The provisional permit is valid for one (1) year from the date of issue and may be renewed prior to its expiration with an application for extension signed by the permit holder's supervisor at the discretion of the Board for a one (1) year period up to a maximum of two (2) renewals.

Application Checklist for Sign Language Interpreter Provisional Permit - Please keep a copy of this application for your records.

Please use this checklist as a guide to completing your application. Please remember any supporting documentation must come to the address above from the issuing source.

- Completed application. All requested information must be provided and the form must be notarized.
- Full name currently being used. Also include any other names previously used. (If the name on your application does not match supplemental materials, such as the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.)
- Plan for supervision signed and notarized (**NOTE: A new permit must be applied for if your supervisor changes.**)
- Allowed settings and preparatory training addendum completed
- 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.
- A copy of your high school diploma, GED, or college transcripts
- Any other supporting documentation
- Applicable fees of \$95.00.

APPLICATION FEE - \$25.00 PROVISIONAL PERMIT FEE - \$70.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. 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>.

Supervisor Responsibilities

The supervisor shall be familiar with all laws and rules regarding sign language interpreting. Provisional permit rules can be found in Rule 480.

Please note that the relationship of a permit holder and their supervisor is public information. Anyone can request the information using a public records request. Further, approved supervisors are listed on the Bureau's website and may be identified with their provisional permit holders.

Quarterly Reports

Every permit holder must submit a quarterly report of their activities, together with supplemental attachments as may be necessary, attested to and signed by the permit holder and the supervisor of record. Quarterly reports are due on or before April 10th, July 10th, October 10th, and January 10th for the three (3) months preceding the month due. If the permit has not been in effect for the entire quarter, the report is due for that portion of the quarter in which the permit was in effect. If quarterly reports are not received by the specified due date, the permit may be revoked.

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](#).

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 _____

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.

**APPLICATION FOR SIGN LANGUAGE INTERPRETER PROVISIONAL PERMIT
ADDENDUM**

PLAN FOR SUPERVISION

My plan for supervising the named permit holder includes the following:

1. Schedule for weekly supervisory sessions

Weekly sessions should include case conferencing and interpreting skill development.

- Schedule for monthly supervisory sessions

Monthly sessions should review training plan and updates on credentialing progress.

2. My plan for review of interpreting work, including frequency and nature of review, is as follows:

3. My written record of all supervisory sessions will be maintained as follows:

Written record should include length of meetings, topics of discussion, review of interpreting skills, and case conferencing

6. I have attached additional information which may assist the Board in evaluating this application. Yes No

(Please list additional documentation below)

7. Have you been the subject of any disciplinary action by the Board or by any other jurisdiction in the past two (2) years?

Yes No

8. Do you meet the requirements under Rule 480 to serve as a supervisor?

Yes No

SUPERVISOR AFFIDAVIT

I hereby certify that the responses provided on the preceding addendums are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Speech and Hearing Services Licensure Board's Laws and Rules and those ethical standards adopted by the Board. I further certify that I will supervise the work of the applicant named until such time as I provide written notice by certified mail to the Board of the termination of my supervision. I further certify that I will be responsible for all practice and the ethical conduct of the named applicant while under my supervision and that I may not supervise more than two (2) permit holders at a time. I understand that my failure to comply with the laws and rules governing the supervision of a permittee may result in disciplinary action against my license.

Print Applicant Name

Print Supervisor Name and Idaho License #

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
APPLICATION FOR SIGN LANGUAGE INTERPRETER PROVISIONAL PERMIT**

Allowed Settings and Preparatory Training Addendum

To be completed by Supervisor

ALLOWED SETTINGS

Clearly identify each setting in which the applicant may be allowed to work. Include information on the types of interpreting services provided and the populations served.

	May	May Not
General Community		
Conference		
Education		
Employment-related services		
Legal		
Medical		
Mental Health		
Performing Arts		
Video Relay Service (VRS)		
Other:		
Other:		
Other:		

TRAINING OR PREPARATION

Clearly identify the training or preparation the applicant will or has received in order to perform in each of the settings listed. Please include training, workshops or preparation that must occur to allow the applicant to perform all duties and skills not yet acquired as it pertains to the listed settings.