

**IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD**

**Idaho Bureau of Occupational Licenses**

**700 West State Street, Boise, 83702 or**

**PO Box 83720, Boise, ID 83720-0063**

**Phone: (208) 334-3233 Fax: (208) 334-3945**

**Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [shs@ibol.idaho.gov](mailto:shs@ibol.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 280 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 two (2) written endorsement letters from a sign language interpreter.”

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 information is not a public record) (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 280 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 two (2) 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