

IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

Idaho Bureau of Occupational Licenses

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Website: www.ibol.idaho.gov E-mail: shs@ibol.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