

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 E-mail: shs@ibol.idaho.gov

APPLICATION INSTRUCTIONS FOR SIGN LANGUAGE INTERPRETER OUT OF STATE REGISTRATION

Please include a \$10.00 registration fee with this completed and notarized application.

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 not to exceed in the aggregate thirty (30) days in any calendar year. 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.

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.) _____
(Please circle one. Include any other names used previously or currently.)

2. Address of Record _____
(The above address is a public record) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. E-mail _____ **Phone Number** (____) _____
(The above phone number is a public record)

5. Social Security No. ____/____/____
(Not a public record; collected pursuant to I.C. § 73-122)

6. Do you hold a current certification recognized by the Registry of Interpreters for the Deaf (RID)? () Yes () No
(Submit copy of your current RID membership card)

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 Bureau of Occupational 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 Bureau of Occupational 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 _____

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REGISTERED OUT OF STATE SIGN LANGUAGE INTERPRETER
CERTIFICATION OF PRACTICE IN IDAHO

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 sign language interpreting in the state for a period not to exceed in the aggregate thirty (30) days in any calendar year. **Please submit this form after engaging in sign language interpreting in Idaho.** More than one form may be required within the timeframe of registration.

Full Name (Mr., Mrs., or Ms.) _____
(Please circle one. Include any other names used previously or currently.)

Statement of Time Engaged: Within five (5) business days of completion of the work, submit this form to the Board listing the number of days in which you were engaged in work within the state: _____

DECLARATION

Upon oath I certify each of the following: (1) the responses and information provided in this certification and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the registrant 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;

I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Dated this ____ day of _____ 20____.

Signature of Registrant