

# 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)

## APPLICATION INSTRUCTIONS FOR SIGN LANGUAGE INTERPRETER PROVISIONAL PERMIT

Please review the applicable laws and rules regarding sign language interpreting, which can be found on the Board's website at [www.ibol.idaho.gov](http://www.ibol.idaho.gov).

Please read all application questions carefully. Several questions, if answered "yes," require additional documentation. Please contact the source of the required documentation and request the 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 Bureau of Occupational 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.

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 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.

- Applicable fees
- Full name, other names known by
- Mailing and business addresses (If no business address, write same)
- Proof of age (birth certificate, passport, military ID, or valid driver's license)
- Contact number or email
- A copy of your high school diploma, GED, or college transcripts
- Any other supporting documentation
- Application signed and notarized
- Plan for supervision signed and notarized
- Allowed settings and preparatory training addendum completed

All requested information, application fee, and initial permit fee must be provided. Failure to provide a complete application will result a delay in processing. All returned checks are subject to a \$20.00 fee.

APPLICATION FEE	\$30.00
<b>AND</b>	
PROVISIONAL PERMIT FEE	\$100.00

### **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 10<sup>th</sup>, 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.

### **NOTE:**

**A new permit must be applied for if your supervisor changes.**

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**APPLICATION FOR SIGN LANGUAGE INTERPRETER PROVISIONAL PERMIT**

**Please include a \$30.00 application fee and a \$100.00 permit fee with this application. Applications will not be reviewed by the Board until they are complete.**

I hereby submit my qualifications and application for a provisional permit 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 include any other names used previously or currently.)

**2. Address of Record** \_\_\_\_\_  
(The above address is 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. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_  
mm dd yyyy (Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

**5. Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail** \_\_\_\_\_  
Not a public record; collected by I.C. § 73-122

**6. Business Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_  
(The above phone number is public record)

**Please provide a copy of your high school diploma, GED or college transcripts.**

**7. Have you ever been licensed, registered, or certified to practice this or any profession in any other state, country, or territory?** ( ) Yes ( ) No  
(If Yes, certified documentation must be received by the Board directly from each issuing authority. Please list other states of licensure or certification here \_\_\_\_\_.)

**8. Have you ever had a professional license, certification, or registration revoked, suspended or otherwise sanctioned?** ( ) Yes ( ) No  
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)

**9. Have you ever been convicted, punished, found guilty, pled guilty or nolo contendere, entered an Alford plea, or received a withheld or suspended judgment for a felony or crime other than a minor traffic offense?** ( ) Yes ( ) No  
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

**10. The entire APPLICATION ADDENDUM must be completed and attached.**

**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 \_\_\_\_\_

**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.
  
2. Schedule for monthly supervisory sessions \_\_\_\_\_  
Monthly sessions should review training plan and updates on credentialing progress.
  
3. My plan for review of interpreting work, including frequency and nature of review, is as follows:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. 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.

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