

FOR OFFICE USE ONLY

Board of Intrap. for Deaf Checklist

- Endorsement Examination
- RID Certified State Screened
- App. & Fee Special
- Date: _____ Check _____
- BCI
- Coursework (if State Screened)
- Lic. Verification from other States



FOR OFFICE USE ONLY

Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island
Board of Interpreters for the Deaf**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

Interpreter License

- RID Certified* *State Screened*

Examination

Endorsement
(From Another State)

License # _____

Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$25.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- Copy of driver's license or state issued id
- Original BCI check from the RI Attorney General's Office with stamp and seal; If positive BCI, a detailed explanation is required. Website: <http://www.riag.ri.gov/BCI>
- If you are applying by certification from the Registry of Interpreters for the Deaf (RID); certification must be sent directly from the RID to the Board
- If you are applying by state screening, evidence of successful completion of the RID generalist written exam is required **OR** evidence of completion of coursework in ASL, Deaf Culture and the Code of Ethics required
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island

Board of Interpreters for the Deaf

Application for License as an Interpreter for the Deaf

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

 - -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / / **1** **9**

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 -

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 -

Home Phone

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 -

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 -

Business Phone

Extension

 -

Business Fax

<p>7. Preferred Mailing Address Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my Home Address as my preferred mailing address</p> <p><input type="checkbox"/> Please use my Business Address as my preferred mailing address</p>		
<p>8. Qualifying Education</p> <p>Please list the name and information about the school that you attended that qualifies you for this license.</p>	<p><input type="text"/></p> <p>Type of School (University, College, Technical School, High School, etc.)</p> <p><input type="text"/></p> <p>Name of School</p> <p>Date Graduated: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p><input type="text"/></p> <p>Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</p> <p><input type="text"/></p> <p>Major</p>		
<p>9. Other State License(s)</p> <p>Please answer the question and list state(s), if applicable</p>	<p>Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is “yes”, enter all other state licenses in Question 10 (below):</p>		
<p>10. Licensure</p> <p>List all states or countries in which you are now, or ever have been licensed to practice your profession.</p>	<table border="0"> <tr> <td style="vertical-align: top;"> <p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> </td> <td style="vertical-align: top;"> <p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> </td> </tr> </table>	<p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p>	<p>State/Country:</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p> <p>_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive</p>
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11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, affirm that the information provided on my application form and documentation provided to support my application is true, accurate, complete and unaltered. I acknowledge that pursuant to R.I.G.L. 11-18-1, knowingly making a false statement on my application form is punishable as a misdemeanor, and that such an act shall constitute cause for denial, suspension, or revocation of my license/permit to practice as an Interpreter in the State of Rhode Island. Pursuant to R.I.G.L. 5-71-8(a)(4), I will adhere to the National Association of the Deaf (NAD), the Registry of Interpreters for the Deaf, Inc. (RID) code of professional conduct.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Interpreters for the Deaf of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Interpreters for the Deaf

Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as an Interpreter for the Deaf in the State of Rhode Island. The Rhode Island Board of Interpreters for the Deaf requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

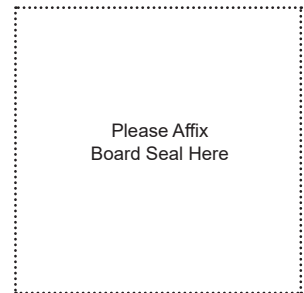
Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE INTERPRETERS FOR THE DEAF BOARD

Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant is certified by RID or State Screened : <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued: _____	Expiration Date: _____
<p>Questions:</p> <p>1. Has this licensee ever been investigated by your Board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you know of any information that may discredit this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.