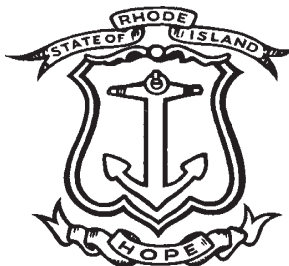


FOR OFFICE USE ONLY

Board of Intrap. for Deaf Checklist

- Endorsement Examination
- RID Certified State Screened
- App. & Fee Special
- Date: _____ Check _____
- Birth Certificate/Legal Entry
- Photo
- Coursework (if State Screened)
- Lic. Verification from other States
- SSN Verification



FOR OFFICE USE ONLY

Application Approved:
License Number:
Issue Date:
Temp. Permit #:
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

License # _____
Name _____

<input type="checkbox"/> Interpreter License
<input type="checkbox"/> Transliterator License
<input type="checkbox"/> Temporary License

RID Certified *State Screened*

Examination

Endorsement

--

Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Interstate Verification Form - Other State License(s).....	10
Mandatory Addendum to Application (Social Security Number Verification Form).....	11

License Requirements

- Fee of **\$50.00** for Interpreter or Transliterater (If applying for both licenses, the fee is **\$100.00**)
- Recent passport type photograph (Approx 2” X 2” head and shoulder view).
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Registry of Interpreters for the Deaf (RID) certification or state screening, sent directly from RID or the state to the Board
- If application is by a 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 is required (refer to Section 2.2 (d) of the Regulations).
- License Verifications from the state(s) in which applicant holds or has held a license (Endorsement applicants only).
- Mandatory Addendum to License Application - “Verification of Social Security Number” form (page 11).

Temporary License Requirements

- Requirements listed above under “License Requirements”.
- Fee of **\$50.00** for Interpreter or Transliterater.
- Verification of enrollment in an interpreter training program recognized by RID

Rules and Regulations

The rules and regulations for licensing “Interpreters for the Deaf” can be obtained by visiting the Board page at the following web address:

http://www.health.ri.gov/hsr/professions/inter_deaf.php

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Interpreters for the Deaf (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 4-8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/inter_deaf.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE/PERMIT APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$50.00 (or \$100.00 if you are applying for Interpreter AND Transliterater)** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE .
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided.
5. Verification of RID Certification or state screening, **sent directly** from the appropriate agency to the Board of Interpreters for the Deaf
6. For Temporary License Applicants, verification of enrollment in an interpreter training program recognized by RID **sent directly** from the school to the Board.
7. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.
8. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Interpreters for the Deaf, Room 104
3 Capitol Hill
Providence, RI 02908-5097**

