



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

<p>Interpreters & Transliterators of ASL & English Program Required Fee: \$321. Certified Interpreter or \$171. Certified Deaf Interpreter (includes criminal records check fee)</p>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center"> <p>LICENSE TYPE:</p> <p><input type="checkbox"/> CERTIFIED INTERPRETER(<i>CIT1421</i>)</p> <p><input type="checkbox"/> CERTIFIED DEAF INTERPRETER (<i>CDT1421</i>)</p> </td> </tr> </table>	<p>LICENSE TYPE:</p> <p><input type="checkbox"/> CERTIFIED INTERPRETER(<i>CIT1421</i>)</p> <p><input type="checkbox"/> CERTIFIED DEAF INTERPRETER (<i>CDT1421</i>)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> <p>Office Use Only: 1421 - \$250.00 CIT 1421 - \$100.00 CDT 1446 - \$50.00 2619 - \$21.00</p> </td> </tr> </table>	<p>Office Use Only: 1421 - \$250.00 CIT 1421 - \$100.00 CDT 1446 - \$50.00 2619 - \$21.00</p>
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<p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____</p>			

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

What if I have other questions? Visit our website at: <http://www.maine.gov/pfr/professionallicensing/professions/interpreters/> or contact Marlene McFadden, Office Specialist I, Tel. 207/624-8624, Hearing-Impaired: 1-888-577-6690, e-mail: Marlene.M.McFadden@Maine.gov

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

Please read the laws and rules governing the licensure and practice of Interpreters & Transliterators of American Sign Language and English prior to submitting your application. These are available at the following website:

<http://www.maine.gov/pfr/professionallicensing/professions/interpreters/laws.htm>

Please include the following with your application:

- Copy of High School Diploma or Equivalent
- Sworn, Signed Notarized Code of Ethics (ATTACHMENT "A")
- A Disclosure Statement
- Copy of current membership card from the Registry of Interpreters for the Deaf, Inc., or documented proof of a minimum certification level of 4 from the National Association of the Deaf, Inc.

REGISTRY OF INTERPRETERS FOR THE DEAF: CODE OF ETHICS
Attachment "A"

The Registry of Interpreters for the Deaf, Inc. has set forth the following principles of ethical behavior to protect and guide interpreters and transliterators and hearing and deaf consumers. Underlying these principles is the desire to insure for all the right to communicate.

Interpreters/translitterators shall keep all assignment-related information strictly confidential.

Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.

Interpreters/translitterators shall not counsel, advise or interject personal opinions.

Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting and the consumers involved.

Interpreters/translitterators shall request compensation for services in a professional and judicious manner.

Interpreters/translitterators shall function in a manner appropriate to the situation.

Interpreters/translitterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.

Interpreters/translitterators, by virtue of membership or certification by the RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.

I swear that I have read, understand and agree to abide by the Code of Ethics of the Registry of Interpreters for the Deaf, Inc. as stated above.

NOTARIZATION

Printed or Typed Name of Applicant: _____

Signature of Applicant: _____

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____
(Date)

by: _____
(Name of person acknowledged)

Signature of Notary: _____

Name of Notary Public PRINTED or TYPED: _____

Notary Public, State of: _____ My Commission expires on: _____

Department of Professional and Financial Regulation Office of Licensing and Registration

Mailing Address:
35 State House Station
Augusta, Maine 04333-0035

Phone (voice): (207) 624-8624
TTY / Hearing-Impaired: 1-888-577-6690

Web site: <http://www.maine.gov/pfr/professionallicensing/professions/interpreters/>

DISCLOSURE STATEMENT: INTERPRETERS / TRANSLITERATORS FOR THE DEAF AND HARD-OF-HEARING

PART 1

Place recent Photo here.

Interpreter/Transliterater Name: _____
Check one: <input type="checkbox"/> Deaf <input type="checkbox"/> Hearing
License #: _____ Expiration Date: <u>June 30, 2009</u>
First year licensee was registered or licensed: _____

LICENSE CATEGORY (Please check appropriate boxes.)

Certified Interpreter/Transliterater -- Specific certification(s) held: _____

Registry of Interpreters for the Deaf Year First Issued: _____

National Association of the Deaf (Level 4 or 5) Year First Issued: _____

Limited Interpreter/Transliterater --

Has earned a of a score of 3.5 or higher on the Educational Interpreter Performance Assessment ("EIPA"). Year Passed: _____.

Has completed: (1) 100 or more hours of education in American Sign Language and (2) 100 or more hours of education in the interpretive process, or has: (1) documented skill level equivalent to 100 or more hours of education in American Sign Language and (2) completed 100 or more hours of education in the interpretive process.

PART 2

Post Secondary Academic Degree(s)			
Degree	Year	Institution	Major or Program
False statements on this form are punishable according to law.			
Interpreter/Transliterater Signature:			Date:
Contact the Office of Licensing & Registration with any questions about the licensure status of this Interpreter/Transliterater or the contents of this Disclosure Statement (TTY: 1-888-577-6690; e-mail:			
Part 1 of this Disclosure Statement Verified by OLR:			
Signature:			Date:
Printed Name:			