

## Application for Sign Language Interpreters and Transliterators Iowa Department of Public Health/Bureau of Professional Licensure

**PLEASE PRINT**

**Instructions are found on page 4**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
*Last Name* *First Name and Middle Name*
3. \_\_\_\_\_  
*Mailing Address (Including PO Box if applicable)*
4. \_\_\_\_\_ 5. \_\_\_\_\_  
*City, State, Zip Code* *E-Mail Address*
6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ -- --  
*Daytime Phone (Including Area Code)* *Date of Birth* *Social Security Number\**
9.  Male  Female 10. \_\_\_\_\_  
*Gender (optional question)* *If any of your documentation is in a name other than your current name, list the previous names of record.*

**The following questions must be answered.** If you answer "Yes" to question #11 – #16 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

**Type of Application:**

17. Please check the type of license you are applying for:

**Temporary License** The temporary license allows for an individual to practice interpretation/transliteration services during a licensure cycle without providing proof of passing a required examination. Iowa law allows individuals to practice with a temporary license for 2 licensure cycles or partial cycles depending on when such is obtained.

18. Are you or have you ever been licensed, certified, or registered in another state? Yes  No

If yes, list the two letter abbreviation of the state(s). \_\_\_\_\_

**Verification of licensure, certification, or registration must be sent directly to the Iowa board office from all the state licensing board office(s) that you have been licensed in prior to applying for an Iowa license.**

**Examination/Endorsement License** The permanent license allows for an individual to practice interpretation/transliteration services in Iowa. In addition to the application materials, the applicant must pass a board approved examination as specified by the administrative rules. The applicant must direct the testing service to send proof of passing the examination directly to the board office. For the EIPA examination, the testing service must submit the actual score achieved on the examination. Applicants that have passed at least one of the board approved examinations are eligible for permanent licensure.

**19. Examination: (Passing one of these examinations is required for Examination/Endorsement License)**

1.  National Association of the Deaf (NAD) Level III or above; **or**
2. One of the following examinations of the Registry of Interpreters for the Deaf National Testing System (NTS):
  - Certificate of Interpretation (CI); **or**
  - Certificate of Transliterating (CT); **or**
  - Certificate of Interpretation/Certificate of Transliterating (CI/CT); **or**
  - Interpreting Certificate/Transliterating Certificate (IC/TC); **or**
  - Comprehensive Skills Certificate (CSC); **or**
  - Certificate Deaf Interpreter (CDI); **or**
3. The National Council on Interpreting National Interpreters Certification (NIC)
  - Generalist Test; **or**
  - Certified Deaf Interpreter Test; **or**
  - Oral Transliteration Test; **or**
4.  The Educational Interpreter Performance Assessment (EIPA) with a score of 3.5 or above obtained after April 23, 2002.

20. Are you or have you ever been licensed, certified, or registered in another state? Yes  No

If yes, list the two letter abbreviation of the state(s). \_\_\_\_\_

**Verification of licensure, certification, or registration must be sent directly to the Iowa board office from all the state licensing board office(s) that you have been licensed in prior to applying for an Iowa license.**

**Optional Sections - Education and Practice Setting**

*Please take time to complete the following questions. This section will assist the board in assessing professional licensure needs.*

**Education**

21. Highest level of education attained not necessarily in the area of interpreting:  
 High School Diploma/GED     Bachelor     Masters     Doctorate     Other
22. Have you graduated from a school for interpreting/transliterating for the hearing impaired or deaf?     Yes     No
23. If you have graduated from a school of interpreting/transliterating for the hearing impaired or deaf, identify that professional educational institution.

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*Name(s) of the interpreting/transliterating school(s)*

24. Year of graduation from interpreting/transliterating school \_\_\_\_\_

**Practice Setting**

25. Please check the **One** box that most closely describes the practice area that you primarily provide interpretation/transliteration services. We understand that on occasion you may provide services in several practice settings, but we are interested in what you believe is your primary area of practice.

**Check One Box Only**

- Generalist – Provide interpreting/transliteration services in many settings
- Medical/Legal
- Legal
- Elementary School (including pre-school)
- Middle or High School
- College level (including graduate level)
- Other – please describe - \_\_\_\_\_

26. If you work primarily in the medical or legal settings, have you taken additional training in interpreting/transliterating specific to those specialty practice areas?     Yes     No

27. How long have you practiced interpretation/transliterating for the hearing impaired or deaf?

<input type="checkbox"/> Less than one year	<input type="checkbox"/> 3 years	<input type="checkbox"/> 6 years	<input type="checkbox"/> 9 years
<input type="checkbox"/> 1 year	<input type="checkbox"/> 4 years	<input type="checkbox"/> 7 years	<input type="checkbox"/> 10 or more years
<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 8 years	

I **certify** that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

\*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

28. \_\_\_\_\_  
Applicant must sign here in ink \_\_\_\_\_ Date

### INSTRUCTIONS/CHECKLIST

To complete the application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

#### Licensure by Examination/Endorsement:

- Non-refundable** fee of \$120. Check or money order made payable to the Board of Sign Language Interpreters and Transliterators.
- Official** evidence of passing a required examination sent **directly** to the board office from the approved testing examination service.
- Completed application. Signature must be original handwritten signature not photocopied, typed or electronic.
- Applicants who hold or have held an Interpretation/Transliterating license in any other state or country must submit **official** verification of licensure status from each state where they have held a license. Verification must be sent **directly** to the Iowa board office from that state's licensing board office.

#### Temporary Licensure:

- Nonrefundable** fee of \$120. Check or money order made payable to Board of Sign Language Interpreters and Transliterators.
- Completed application. Signature must be original handwritten signature not photocopied, typed or electronic.
- Applicants who hold or have held an Interpretation/Transliterating license in any other state or country must submit **official** verification of licensure status from each state where they have held a license. Verification must be sent **directly** to the Iowa board office from that state's licensing board office.

**Applications must be complete and signed to be processed.** No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or [karla.hoover@idph.iowa.gov](mailto:karla.hoover@idph.iowa.gov).

### **Online license verification**

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

1. Go to [www.licensediniowa.gov](http://www.licensediniowa.gov)
2. Select "License Search".
3. Insert the licensee's name or license number.
4. Select the profession from the dropdown list. **“Sign Language Interpreters and Transliterators”**
5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant.

**Mail the original completed application bearing signature in ink to:**

**Iowa Board of Sign Language Interpreters and Transliterators  
Bureau of Professional Licensure  
Lucas State Office Building, 5<sup>th</sup> Floor  
321 E 12<sup>th</sup> St.  
Des Moines, IA 50319-0075**

[www.idph.state.ia.us/licensure](http://www.idph.state.ia.us/licensure)