

APPRENTICE LICENSE APPLICATION

Complete the entire application. Incomplete applications will be returned.

CHECKLIST:

- Completed application
- Apprentice License - Interpreter Roster
- Proof of passing RID knowledge examination
- Documentation of eligibility to take the national performance examination as currently defined by RID (see attached .pdf)
- Copy of current RID Associate membership card
- Copy of government-issued photo ID proving you are at least 18 years of age
- Proof of completion of an interpreter preparation or training program
- Letter of recommendation, signed by the interpreter preparation program chairperson attesting to the competency of the applicant to practice
- One-Time License Fee (*check or money order*)

Mail application, one-time license fee, and supporting documentation to:

Nebraska Commission for the Deaf and Hard of Hearing
Attn: Licensing Department
4600 Valley Rd, Ste 420
Lincoln, NE 68510

Questions or Concerns?
Contact the Licensing Department 402.471.3593 or ncdhh@nebraska.gov



Apprentice License Application

For Internal Use Only	
Date Received:	
Received By:	
Check Number:	
Receipt Number:	
Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Approved Denied
Date:	
Processed By:	

GENERAL INFORMATION

Legal Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SS Number: _____ - _____ - _____ EIN Number: _____ - _____

Home Number: (_____) _____ - _____ Business/Cell Number: (_____) _____ - _____

Email Address: _____

EDUCATION *(Must submit proof)*

- Proof of completion of an interpreter preparation or training program (ex: copy of college diploma/degree or transcript)

ONE-TIME LICENSE FEE

Apprentice License Fee - \$50.00

SUPPORTING DOCUMENTATION

- RID Associate member number _____ (Must include copy of current RID member card)
- Copy of RID Knowledge Examination with a passing score
- Letter of recommendation, signed by the interpreter preparation or training program chairperson attesting to the competency of the applicant to practice
- Copy of Government-Issued photo identification (ex: Driver's License, State ID or Passport)



LICENSURE AND BACKGROUND INFORMATION *(Must be completed)*

If you answer “YES” to any of the following questions, please provide a brief written statement of all significant details on a separate sheet of paper, including the nature of the matter, the jurisdiction under which it took place, date, the reason for the denial or disciplinary action, or pending action, and the names of any persons involved. Failure to disclose this information, regardless of when the action occurred, could result in disciplinary action.

YES	NO	Has a complaint ever been filed or has formal disciplinary action ever been taken against you by a professional regulatory body in Nebraska or any other jurisdiction?
YES	NO	During the past 10 years, have you been convicted of a crime, other than a minor traffic violation, in Nebraska or any other jurisdiction?
YES	NO	During the past 10 years, have you entered into a pretrial diversion program or similar pretrial procedure to avoid prosecution for a crime, other than a minor traffic violation, in Nebraska or any other jurisdiction?
YES	NO	Are there now any criminal charges, other than a minor traffic violation, pending against you in Nebraska or in any other jurisdiction?
YES	NO	During the past 10 years, has a judgment been entered against you in a civil proceeding in Nebraska or any other jurisdiction involving fraud, misrepresentation, or professional malpractice?
YES	NO	Is there any action or proceeding presently pending against you in any court or other tribunal in Nebraska or any other jurisdiction alleging that you committed fraud, misrepresentation, or professional malpractice?

I hereby attest that my responses and the information provided on this form are true, complete, and accurate.

Applicant’s Printed Name: _____

Applicant’s Signature: _____ **Date:** _____



AFFIDAVIT *(Please read each of the following statements carefully)*

1. *I hereby attest that I will not represent myself as a licensed interpreter in the State of Nebraska until this application is approved and an Apprentice License has been issued by the Nebraska Commission for the Deaf and Hard of Hearing.*
2. *I hereby attest that I have read, understand and will comply with the attached Nebraska Apprentice License Technical Assistance Document established for Apprentice License holders, to include the timely submission of required yearly documentation.*
3. *I hereby agree that I have knowledge of and will comply with Nebraska Revised Statutes §20-150 to §20-159, Title 96: Chapter 1, Nebraska Rules and Regulations Relating to Sign Language Interpreters, and the NAD-RID Code of Professional Conduct. I hereby understand the types of misconduct for which disciplinary proceedings may be initiated against my license pursuant to said regulations.*
4. *I hereby attest that I am at least 18 years of age.*

For the purpose of complying with Nebraska Revised Statutes §4-108 to §4-114, I hereby attest that:

- I am a citizen of the United States of America*
 - or*
 - I am a qualified alien under the federal Immigration and Nationality Act.
(Include a copy of your USCIS documentation)*
- Immigration Status:* _____ *Alien Number:* _____

I hereby attest that my responses and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____



Apprentice License – Licensed Interpreter Roster

Nebraska Revised Statute §71-4728, states that the Nebraska Commission for the Deaf and Hard of Hearing shall:

“License interpreters and video remote interpreting providers under sections 20-150 to 20-159 and prepare and maintain a roster of licensed interpreters as defined in section 20-151. The roster shall include the type of employment the interpreter generally engages in, the type of license held, and the expiration date of the license. Each interpreter included on the roster shall provide the commission with his or her social security number which shall be kept confidential by the commission. The roster shall be made available to local, state, and federal agencies and shall be used for referrals to private organizations and individuals seeking interpreters and video remote interpreting providers.”

Please indicate the information you authorize NCDHH to post on the Licensed Interpreter Roster located on our website. We are required by law to post your name, license type, license number and license expiration date.

- City
- State
- Postal code
- Email Address
- Home phone
- Business/Cell phone
- Video phone

Would you like to be listed as a freelance interpreter?

- Yes
- No

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____