

NEBRASKA INTERPRETER LICENSURE RENEWAL BUSINESS APPLICATION

Video Remote Interpreting Business License

Renewal Business Application Directions

1. Complete entire application. If required information is not provided, application may be considered invalid and be returned to you.

CHECKLIST

- Completed Application
 - If applicable, written summary regarding Licensure and Background Information on page 3
 - License Fee (check or money order)
 - Signed Citizen Attestation Form
 - Roster of all employed or contracted sign language interpreters including: names, certifications, and copies of all state licenses held.
2. Mail application, fee(s), and supporting documentation to:

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



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

Video Remote Interpreting Business Renewal Application

GENERAL INFORMATION

Legal Name: _____ Date: _____

Business Address: _____
(Street/Apt. #/P.O. Box/Route) (City) (State) (Zip Code)

Tax ID Number: ____ - ____ - ____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

TRADE NAME

If the applicant will be doing business in Nebraska under any other name(s), then all such names must be stated, with address and telephone number. (Use a separate sheet if necessary)

Other Name: _____

Business Address: _____
(Street/Apt. #/P.O. Box/Route) (City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

Email Address: _____

CONTROLLING PERSON

Controlling person to serve as main contact for all communication with NCDHH.

Legal Name: _____

Address: _____
(Street/Apt. #/P.O. Box/Route) (City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

Email Address: _____



OWNERSHIP (Use a separate sheet if necessary)

Legal Name: _____

Address: _____

(Street/Apt. #/P.O. Box/Route) (City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

Email Address: _____

Legal Name: _____

Address: _____

(Street/Apt. #/P.O. Box/Route) (City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

Email Address: _____

Legal Name: _____

Address: _____

(Street/Apt. #/P.O. Box/Route) (City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

Email Address: _____

Legal Name: _____

Address: _____

(Street/Apt. #/P.O. Box/Route) (City) (State) (Zip Code)

Phone Number: _____ Fax Number: _____

Email Address: _____

LICENSE FEE

All initial licenses will list the license's effective date. License renewals occur on a biennial basis ending June 30th of every even year.

Video Remote Interpreting Business License - \$150.00



LICENSURE AND BACKGROUND INFORMATION (All applicants are required to answer the following:)

Note: If you answer 'YES' to any of the following questions, documentation and a written explanation must be included regarding the circumstances and the outcome. Please note that you are required to disclose any action, even if it has been previously disclosed on an application for this agency. Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, may result in a delay in processing the application.

- YES NO 1. Has the applicant ever been denied a license to provide interpreting or transliterating services in Nebraska or any other jurisdiction?
- YES NO 2. Has a complaint ever been filed or has formal disciplinary action ever been taken against the applicant by a regulatory body for professional interpreting organization in Nebraska or any other jurisdiction?
- YES NO 3. Has the applicant ever voluntarily surrendered their professional interpreting or transliterating business license or permit or entered into a negotiated settlement in order to avoid disciplinary action by a professional regulatory body in Nebraska or any other jurisdiction?

If you answered "YES" to numbers one through three, provide a brief statement of all significant details on a separate sheet, 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.

- YES NO 4. During the past 10 years, has any person or entity listed above been convicted of a crime, other than a minor traffic violation, in Nebraska or any other jurisdiction?
- YES NO 5. During the past 10 years, has any person or entity listed above 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 6. Are there currently any criminal charges, other than a minor traffic violation, pending against any person or entity listed above in Nebraska or in any other jurisdiction?
- YES NO 7. During the past 10 years, has a judgment been entered against any person or entity listed above in a civil proceeding in Nebraska or any other jurisdiction involving fraud, misrepresentation, or professional malpractice?
- YES NO 8. Is there any action or proceeding presently pending against any person or entity listed above in any court or other tribunal in Nebraska or any other jurisdiction alleging that person or entity committed fraud, misrepresentation, or professional malpractice?

If you answered "YES" to numbers four through eight, provide a brief statement of all significant details on a separate sheet, including the nature of the matter, location, date filed, the court, and the names of any persons involved.



AFFIDAVIT OF APPLICANT

I hereby attest I will not represent myself as licensed Video Remote Interpreting (VRI) provider in the State of Nebraska until this application is approved and a Video Remote Interpreting Service Provider Business license has been granted by the Nebraska Commission for the Deaf and Hard of Hearing.

I attest all employed or contracted sign language interpreters are at least 18 years of age, and have obtained a high school diploma or equivalent.

I hereby agree that I have knowledge of and comply with the Revised Nebraska 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 (as set forth in Attachment A of the Title 96: Chapter 1 Nebraska Rules and Regulations Relating to Sign Language Interpreters). I hereby attest that all employed or contracted sign language interpreters have knowledge and will comply with the Revised Nebraska 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 (as set forth in Attachment A of the Title 96: Chapter 1 Nebraska Rules and Regulations Relating to Sign Language Interpreters). I hereby understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said regulations.

I hereby attest that my response 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.

Signature of Applicant

Date

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

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 response 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 of America.

Print Name:

Last _____ First _____ Middle _____

Applicants Signature _____

Date _____

