



RENEWAL APPLICATION

Interpreter/Transliterater License

Complete the entire application. Incomplete applications will be returned.

CHECKLIST:

- Completed application
- Proof of certification
- Copy of photo ID
- Copies of continuing education activities
- License Fee *(check or money order)*

Mail application, fee(s), 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



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:	

**Interpreter/Transliterators
Renewal Application**

GENERAL INFORMATION

Legal Name: _____ Date: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 SS Number: _____ - _____ - _____ EIN Number: _____ - _____
 Home Number: (_____) _____ - _____ Business/Cell Number: (_____) _____ - _____
 Email Address: _____

LICENSE FEE *License renewals occur on a biennial basis ending June 30th of odd-numbered years*

Interpreter/Transliterator License Renewal Fee - \$150.00

CERTIFICATION *(Must submit proof of current cycle expiration)*

- RID Certification – Member Number _____
- NAD Certification – Member Number _____ Level IV _____ Level V _____
- QAST Certification
 - Transliterating Level IV _____ Level V _____
 - Interpreting Level IV _____ Level V _____
- BEI Advanced
- BEI Master
- Other: _____



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 | Have you ever been denied a license to practice interpreting or transliterating in Nebraska or any other jurisdiction? |
| 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 | Have you ever voluntarily surrendered your professional interpreting or transliterating 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? |
| 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? |



CONTINUING EDUCATION

Criteria for continuing education activities as outlined in section 003.04 of Title 96: Chapter 1, Nebraska Rules and Regulations Relating to Sign Language Interpreters:

Required: 24 clock hours in the previous 24 months

- Maximum 6 clock hours of General Studies (GS)
- Minimum 18 clock hours of Professional Studies (PS)
- At least 3 clock hours of Interpreter Ethics Training

All certificates of completion/attendance must accompany this form.

AFFIDAVIT

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 Interpreter License has been issued by the Nebraska Commission for the Deaf and Hard of Hearing.

I attest that I am at least 18 years of age.

I hereby agree that I have knowledge of and will comply with 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. I hereby understand the types of misconduct for which disciplinary proceedings may be initiated against my license pursuant to said regulations.

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



Licensed Interpreter Roster

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

(2) 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 let us know which information you authorize the Commission to post along with your name and license information on the roster:

- 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: _____