

NEBRASKA INTERPRETER LICENSURE REINSTATEMENT APPLICATION

Reinstatement Application Directions

1. Complete entire application. If required information is not provided, application may be considered invalid and be returned to you. For documentation that must be submitted with application, please refer to checklist below.

CHECKLIST

- Completed Application
 - Documentation of Certifications
 - Copy of Photo ID (driver's license, passport, or other)
 - Licensure and Background Information Documentation (if applicable)
 - Reinstatement Fee + Licensure Fee Payment
 - Continuing Education Documentation
 - Signed Citizen Attestation Form
 - Written Rationale Statement (A written statement by the applicant that contains the rationale for requesting reinstatement of their license.)
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



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:	
Approved or Denied:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	
Processed By:	

Interpreter Reinstatement Application

Criteria for reinstatement are outlined in section 003.09 of
 Title 96: Chapter 1 Nebraska Rules and Regulations Relating to Sign Language Interpreters.

LICENSURE (Please select the type of license for which you are applying for reinstatement)

Interpreter/Transliterators License

Intermediary License

GENERAL INFORMATION

Legal Name: _____ Birth date: ____/____/____

Social Security Number: ____ - ____ - ____ RID Membership Number (optional): _____

Mailing Address: _____
 (Street/Apt. #/P.O. Box/Route)

 (City) (State) (Zip Code)

Home Telephone: _____ Business or Cell Phone: _____

E-mail Address: _____

EDUCATION

Attained a High School diploma/or equivalent: Yes No

Name of Institution Granting the Diploma/Certification: _____

Date of Graduation/Program Completion: ____ / ____ / ____



CERTIFICATION (Check and submit copy of all that apply)

Interpreter/Transliterater License:

- | | |
|--|---|
| <input type="checkbox"/> National Interpreter Certification (NIC) | <input type="checkbox"/> National Interpreter Certification (NIC) - Advance |
| <input type="checkbox"/> National Interpreter Certification (NIC) - Master | <input type="checkbox"/> RID Comprehensive Skills Certification |
| <input type="checkbox"/> RID Certification of Transliteration | <input type="checkbox"/> RID Interpretation Certificate/Transliteration Certificate |
| <input type="checkbox"/> RID Certification of Interpretation | <input type="checkbox"/> NAD Interpreter Proficiency Certificate: Level_____ |
| <input type="checkbox"/> RID Interpretation Certificate | <input type="checkbox"/> Mid-America QAST - Transliterating: Level_____ |
| <input type="checkbox"/> RID Transliteration Certificate | <input type="checkbox"/> Mid-America QAST - Interpreting: Level_____ |
| <input type="checkbox"/> Other: _____
(Submit official documentation proof of current licensure, certification and/or registration in another state for Board approval.) | |
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Intermediary License:

- | | |
|---|---|
| <input type="checkbox"/> RID Certified Deaf Interpreter | <input type="checkbox"/> QAST Intermediary Interpreter (Deaf Interpreter) |
| <input type="checkbox"/> RID Reverse Skills Certificate | <input type="checkbox"/> RID Oral Interpreting Certificate: Spoken to Visible |
| <input type="checkbox"/> RID Oral Transliteration Certificate | <input type="checkbox"/> RID Oral Interpreting Certificate: Comprehensive |
| <input type="checkbox"/> RID Certified Deaf Interpreter-Provisional | <input type="checkbox"/> RID Oral Interpreting Certificate: Visible to Spoken |

If you do not hold one of the above then ALL of the following must be submitted:

- Eight or more hours of RID Code of Professional Conduct training documentation
- Eight or more hours of Role and Function of a Deaf or Hard of Hearing Intermediary Interpreter documentation
- Passed Mid-America QAST Written Examination
- Language Proficiency Interview Examination



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

Note: If you answer 'YES' to any of the following questions, include documentation and a written explanation addressed to the Nebraska Commission for the Deaf and Hard of Hearing regarding the circumstances and the outcome. Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action.

- YES NO 1. Have you ever been denied a license to practice interpreting or transliterating in Nebraska or any other jurisdiction?
- YES NO 2. Has a complaint ever been filed or has formal disciplinary action ever been taken against you by a regulatory body for professional interpreting organization in Nebraska or any other jurisdiction?
- YES NO 3. 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?

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, have you 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, 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 6. Are there now any criminal charges, other than a minor traffic violation, pending against you in Nebraska or in any other jurisdiction?
- YES NO 7. 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 8. 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?

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.



CONTINUING EDUCATION (List all continuing education activities)

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.

- Previous 24 months is calculated from the July 1st following the previous renewal cycle until end of the current renewal cycle on June 30th.
- Maximum 6 clock hours of General Studies (GS), minimum 18 clock hours of Professional Studies (PS) of which 3 clock hours must be in interpreter ethical training.

ALL CERTIFICATES OF COMPLETION MUST ACCOMPANY THIS FORM UNLESS PREVIOUSLY SUBMITTED TO NEBRASKA COMMISSION FOR THE DEAF AND HARD OF HEARING.

Title of Activity or Name of Sponsor	Approved Provider (Y or N)	Activity Date (xx/xx/xxxx)	Study Type (PS/GS)	Contact Hours
Total Hours:				



REINSTATEMENT FEE

Reinstatement fee is nonrefundable. Reinstatement fee in addition to a renewal fee is required.

Reinstatement Fee - \$75.00

Interpreter/Transliterater License - (\$150.00 + \$75.00) = \$225.00

Intermediary License - (\$50.00 + \$75.00) = \$125.00

LICENSE EXPIRATION OR REVOCATION

- Failure to Renew License
- Failure to Maintain Required Certification Level
- Failure to Acquire the Required Continuing Education Units
- License Revocation (Explain below any disciplinary action and/or cause of license revocation)



AFFIDAVIT OF APPLICANT

I hereby attest I will not represent myself as licensed interpreter in the State of Nebraska until this application is approved and an interpreter license has been granted by the Nebraska Commission for the Deaf and Hard of Hearing.

I attest I am at least 18 years of age.

I hereby agree that I have knowledge of and 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 (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 _____