



Apprentice License Interpreting Service Hours Tracking Sheet

According to statutes set forth by the Nebraska Sign Language Interpreter Review Board, all Apprentice Licensees must submit a record of their interpreting service hours that are provided in Nebraska. **At the end of each 12-month period of your 3-year Apprentice License, please submit this completed form.** (Attach additional sheets if needed.)

Interpreter Name: _____

Apprentice License Number: _____ **Expiration Date:** _____

| Date | Number of Hours | Hiring Agency and Assignment Location | Hiring Agency Signature |
|------|-----------------|---------------------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Interpreter Signature

Date

Submit Completed Form To:
 NCDHH
 Attn: Licensing Department
 4600 Valley Rd Ste 420
 Lincoln NE 68510-4844

Phone: (402) 471-3593
Toll Free: 1-800-545-6244
Fax: (402) 742-2357
E-Mail: ncdhh@nebraska.gov