

# **REINSTATEMENT APPLICATION**

## **Interpreter/Transliterater License**

Complete the entire application. Incomplete applications will be returned.

### **CHECKLIST:**

- Completed application
- Proof of certification
- Copy of photo ID
- Proof of education: From high school or college
- Copies of continuing education activities
- License Fee + Reinstatement Fee *(check or money order)*
- Written rationale statement *(A written statement that contains the rationale for requesting reinstatement of license)*

**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**



| 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 Reinstatement Application

*Criteria for reinstatement are outlined in section 003.08 of Title 96: Chapter 1, Nebraska Rules and Regulations Relating to Sign Language Interpreters*

### GENERAL INFORMATION

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN Number: \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business/Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### EDUCATION *(Must submit proof)*

- Copy of High School diploma or equivalent, or
- Copy of College diploma/degree

### LICENSE FEE *License renewals occur on a biennial basis ending June 30<sup>th</sup> of odd-numbered years*

Interpreter/Transliterators License Fee \$150.00 + License Reinstatement Fee \$75.00

### 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

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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

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*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: \_\_\_\_\_