

STATE OF MAINE

INTERPRETERS AND TRANSLITERATORS OF AMERICAN SIGN LANGUAGE AND ENGLISH

APPLICATION FOR LICENSURE

- *Limited Interpreter/Transliterater*
- *Limited Deaf Interpreter*



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8624

TTY (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION FOR LICENSURE

➔ **Application for Licensure as a:
LIMITED INTERPRETER/TRANSLITERATOR**

- **Completed Application**
- **\$25.00 Application Fee and \$200 License Fee**
- **Copy Of High School Diploma Or Equivalent**
- **Payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Treasurer, State of Maine**
- **A Sworn, Signed Notarized Code of Ethics(ATTACHMENT "A")**
- **Proof Of Education & Training in American Sign Language.** Proof of completion of at least 100 clock hours of instruction in American Sign Language (ASL) conducted by:
 1. An Instructor recognized by the ASL Teachers' Association or a comparable or successor organization recognized by the Commissioner;
 2. An Interpreter certified by either the Registry of Interpreters for the Deaf, Inc. (RID) or the National Association of the Deaf, Inc. (NAD) or a comparable or successor organization recognized by the Commissioner;
 3. An Instructor of courses conducted through an accredited college, accredited university or accredited or approved high school or conducted by certification maintenance course sponsors approved by the RID or the NAD or a comparable or successor organization recognized by the Commissioner.

OR

- **Submission of a letter** attesting that the applicant's skill level in American Sign Language is equivalent to a person who has completed 100 clock hours of instruction in American Sign Language prepared and signed by:
 1. An Instructor recognized by the ASL Teachers' Association or a comparable or successor organization recognized by the Commissioner;
 2. An Interpreter certified by either the Registry of Interpreters for the Deaf, Inc. (RID) or the National Association of the Deaf, Inc. (NAD) or a comparable or successor organization recognized by the Commissioner;
 3. An Instructor of courses conducted through an accredited college, accredited university or accredited or approved high school or conducted by certification maintenance course sponsors approved by the RID or the NAD or a comparable or successor organization recognized by the Commissioner.

AND

- **Written proof of completion of at least 100 clock hours of instruction in the interpreting process.** Written proof shall consist of an official transcript issued by an institution of higher education or certificate signed by the instructor of a course given by an accredited college, accredited university or accredited or approved high school or conducted by certification maintenance course sponsors approved by the RID or the NAD or a comparable or successor organization recognized by the Commissioner.

➔ **Application for Licensure as a:
LIMITED DEAF INTERPRETER**

- **Completed Application**
- **\$25.00 Application Fee and \$200 License Fee**
- **Copy Of High School Diploma Or Equivalent**
- **Payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Treasurer, State of Maine**
- **A Sworn, Signed Notarized Code of Ethics(ATTACHMENT "A")**
- **Submission of a letter** attesting that the applicant's skill level in American Sign Language is equivalent to a person who has completed 100 hours of instruction in American Sign Language prepared and signed by:
 1. An Instructor recognized by the ASL Teachers' Association or a comparable or successor organization recognized by the Commissioner;
 2. An Interpreter certified by either the Registry of Interpreters for the Deaf, Inc. (RID) or the National Association of the Deaf, Inc. (NAD) or a comparable or successor organization recognized by the Commissioner;
 3. An Instructor of courses conducted through an accredited college, accredited university or accredited or approved high school or conducted by certification maintenance course sponsors approved by the RID or the NAD or a comparable or successor organization recognized by the Commissioner.

AND

- **Written proof of completion of at least 100 clock hours of instruction in the interpreting process. Written proof shall consist of an official transcript issued by an institution of higher education or certificate signed by the instructor of a course given by an accredited college, accredited university or accredited or approved high school or conducted by certification maintenance course sponsors approved by the RID or the NAD or a comparable or successor organization recognized by the Commissioner. Credit will not given for interpreting process clock hours that were completed prior to 5 years from the date of application.**

Fees

Limited Interpreter/Transliterators License	\$25 Application Fee and \$200 License Fee
Limited Deaf Interpreter License	\$25 Application Fee and \$200 License Fee

Applicants must complete educational requirements of limited licensure by June 30, 2003.

**Questions should
be directed to the office at TTY 207-624-8563, or contact Marlene M. McFadden at 207-624-8624 or by email, marlene.m.mcfadden@state.me.us.**



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 DEPARTMENT OF PROFESSIONAL AND FINANCIAL
 REGULATION
**INTERPRETERS AND TRANSLITERATORS OF
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 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION for LIMITED LICENSURE

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section 405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Fees: \$25 application fee 1446 <u>\$200 license fee 1421</u> \$225 Total	PLEASE MAKE CHECK/MONEY ORDER PAYABLE TO TREASURER STATE OF MAINE
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✓CHECK APPROPRIATE BOX:

- LIMITED INTERPRETER/TRANSLITERATOR
- LIMITED DEAF INTERPRETER

Name:		
Mailing Address:		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Social Security #: (____)-(____)-(____)		Date of Birth: _____
Legal Address: (if different from mailing address)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	

1. Have you ever been convicted by any court for any offense other than a minor traffic violation?

YES NO

- If yes, please list date(s) and conviction(s) on a separate sheet of paper and submit a copy of the court judgement with this application.

2. Are you currently employed by an interpreting service agency?

YES NO

- If yes, please fill out the following employment information.

EMPLOYMENT INFORMATION

Name of Facility:

Address of Facility:

Position Held:

Dates of Employment:

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature:

Date:

Printed Signature:



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REGISTRY OF INTERPRETERS FOR THE DEAF
CODE OF ETHICS

Attachment "A"

The Registry of Interpreters for the Deaf, Inc. has set forth the following principles of ethical behavior to protect and guide interpreters and transliterators and hearing and deaf consumers. Underlying these principles is the desire to insure for all the right to communicate.

This Code of Ethics applies to all members of the Registry of Interpreters for the Deaf, Inc. and to all certified non-members.

- Interpreters/translitterators shall keep all assignment-related information strictly confidential.
- Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
- Interpreters/translitterators shall not counsel, advise or interject personal opinions.
- Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting, and the consumers involved.
- Interpreters/translitterators shall request compensation for services in a professional and judicious manner.
- Interpreters/translitterators shall function in a manner appropriate to the situation.
- Interpreters/translitterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
- Interpreters/translitterators, by virtue of membership or certification by the RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.

I swear that I have read, understand and agree to abide by the Code of Ethics of the Registry of Interpreters for the Deaf, Inc. as stated above.

Printed or Typed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

NOTARIZATION

Printed or Typed Name of Applicant: _____

Signature of Applicant: _____

STATE OF _____, County of _____

The foregoing instrument was acknowledged before me this _____
(Date)

by _____
Name of person acknowledged)

Signature of Notary: _____

Name of Notary Public PRINTED _____

Notary Public, State of _____, My Commission expires on: _____



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TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Office with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8624
(Office Phone)

FAX: (207)624-8637

(207)624-8653 (TTY)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

Tuesday, September 26, 2000



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 DEPARTMENT OF PROFESSIONAL AND
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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: () -
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____



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