



**State of Maine  
Department of Professional & Financial Regulation  
Office of Professional & Occupational Regulation**

**INDIVIDUAL LICENSE APPLICATION**

<b>APPLICANT INFORMATION</b> (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>CRIMINAL BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
<b>1. Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

<p><b>Interpreters &amp; Transliterators of ASL &amp; English Program</b>  <b>Required Fee: \$221. Limited Interpreter or \$121. Limited Deaf Interpreter</b>  <b>(includes criminal records check fee)</b></p>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center"> <p>LICENSE TYPE:</p> <p>LIMITED INTERPRETER (<i>LIT1421</i>)</p> <p>LIMITED DEAF INTERPRETER (<i>LDT1421</i>)</p> </td> </tr> </table>	<p>LICENSE TYPE:</p> <p>LIMITED INTERPRETER (<i>LIT1421</i>)</p> <p>LIMITED DEAF INTERPRETER (<i>LDT1421</i>)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> <p><b>Office Use Only:</b>  1421 - \$200.00 LIT  1421 - \$100.00 LDT  2619 - \$21.00</p> </td> </tr> </table>	<p><b>Office Use Only:</b>  1421 - \$200.00 LIT  1421 - \$100.00 LDT  2619 - \$21.00</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> <p align="center"><i>Office Use Only:</i></p> <p>Check # _____</p> <p>Amount: _____</p> <p>Cash # _____</p> <p>Lic. # _____</p> <p>Updated: July 8, 2013</p> </td> </tr> </table>	<p align="center"><i>Office Use Only:</i></p> <p>Check # _____</p> <p>Amount: _____</p> <p>Cash # _____</p> <p>Lic. # _____</p> <p>Updated: July 8, 2013</p>
<p>LICENSE TYPE:</p> <p>LIMITED INTERPRETER (<i>LIT1421</i>)</p> <p>LIMITED DEAF INTERPRETER (<i>LDT1421</i>)</p>					
<p><b>Office Use Only:</b>  1421 - \$200.00 LIT  1421 - \$100.00 LDT  2619 - \$21.00</p>					
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<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	

## Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

**What if I have other questions?** Visit our website at: <http://www.maine.gov/pfr/professionallicensing/professions/interpreters/> or contact the office at Tel. 207/624-8603, (TTY users call Maine relay 711) e-mail: [interpreters@maine.gov](mailto:interpreters@maine.gov)

## NOTICES

**BACKGROUND 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 Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(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 §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

**Please read the laws and rules governing the licensure and practice of Interpreters & Transliterators of American Sign Language and English prior to submitting your application. These are available at the following website:**

**<http://www.maine.gov/pfr/professionallicensing/professions/interpreters/laws.htm>**

**Please include the following with your application:**

- Copy of High School Diploma or Equivalent
- Sworn, Signed Notarized Code of Ethics (ATTACHMENT "A")
- A Disclosure Statement
- \*\*Proof of having satisfied the educational requirements by Option I, II or III.

\*\* For Option 1, a completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs must be submitted with the application

**Option # I. 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:**

An Instructor recognized by the ASL Teachers' Association or a comparable or successor organization recognized by the Commissioner;

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; or

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, 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, the NAD, or a comparable or successor organization recognized by the Commissioner.

**\*\* A completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs**

**Option # 2.** 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:

An Instructor recognized by the ASL Teachers' Association or a comparable or successor organization recognized by the Commissioner;

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; or

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, 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, the NAD, or a comparable or successor organization recognized by the Commissioner.

**Option # 3.** Documentation of a score of 3.5 or higher on the Educational Interpreter Performance Assessment ("EIPA").

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.**

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.**

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 or TYPED: \_\_\_\_\_

Notary Public, State of: \_\_\_\_\_ My Commission expires on: \_\_\_\_\_



**Educational Requirements Worksheet for  
Licensed Limited Deaf Interpreter**

**AMERICAN SIGN LANGUAGE (ASL) - 100 CLOCK HOURS**

**Applicant's Name:** \_\_\_\_\_

**Applicant's School:** \_\_\_\_\_

**INSTRUCTIONS:** Place the relevant course(s) from your transcripts into the appropriate category on the worksheets. A course cannot be used twice to fulfill more than one (1) content area.

**NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

<b>Course Name</b>	<b>Course No.</b>	<b>RID/NAD/ASLTA/Instructor University/College/High School</b>	<b>Clock Hours</b>

**TOTAL HOURS** \_\_\_\_\_

**Educational Requirements Worksheet for  
Licensed Limited Deaf Interpreter**

**\*\*INTERPRETING PROCESS - 100 CLOCK HOURS**

**Applicant's Name:** \_\_\_\_\_

**Applicant's School:** \_\_\_\_\_

**INSTRUCTIONS:** Place the relevant course(s) from your transcripts into the appropriate category on the worksheets. A course cannot be used twice to fulfill more than one (1) content area.

**NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

\*\*100 clock hours of instruction in the interpreting process, **must include instruction in deaf culture and the ethics of interpreting.**

**Credit may not be given for interpreting process clock hours that were completed prior to 5 years from the date of application.**

<b>Course Name</b>	<b>Course No.</b>	<b>RID/NAD/ASLTA/Instructor University/College/High School</b>	<b>Clock Hours</b>

**TOTAL HOURS** \_\_\_\_\_