

**Department of Professional and Financial Regulation
Office of Licensing and Registration**

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Web site:
<http://www.maine.gov/pfr/professionallicensing/professions/interpreters/>

DISCLOSURE STATEMENT: INTERPRETERS / TRANSLITERATORS FOR THE DEAF AND HARD-OF-HEARING

PART 1

**PLACE RECENT
PHOTO HERE**

(A clear, first-generation
photocopy is acceptable.)

Interpreter/Transliterater Name: _____
Check one: <input type="checkbox"/> Deaf <input type="checkbox"/> Hearing
License #: _____
First year licensee was registered or licensed: _____

LICENSE CATEGORY (Please check appropriate boxes.)

- Certified Interpreter/Transliterater** -- Specific certification(s) held: _____
 - Registry of Interpreters for the Deaf Year First Issued: _____
 - National Association of the Deaf (Level 4 or 5) Year First Issued: _____
 - NAD – RID Year First Issued: _____

- Limited Interpreter/Transliterater** --
 - Has earned a of a score of 3.5 or higher on the Educational Interpreter Performance Assessment ("EIPA"). Year Passed: _____.
 - Has completed: (1) 100 or more hours of education in American Sign Language and (2) 100 or more hours of education in the interpretive process, or has: (1) documented skill level equivalent to 100 or more hours of education in American Sign Language and (2) completed 100 or more hours of education in the interpretive process.

PART 2

Post Secondary Academic Degree(s)			
Degree	Year	Institution	Major or Program
False statements on this form are punishable according to law.			
Interpreter/Transliterater Signature: _____			Date: _____
Contact the Office of Licensing & Registration with any questions about the licensure status of this Interpreter/Transliterater or the contents of this Disclosure Statement (TTY: 1-888-577-6690; e-mail: Marlene.M.McFadden@Maine.gov; Phone: 207/624-8624).			

Part 1 of this Disclosure Statement Verified by OLR:	
Signature: _____	Date: _____
Printed Name: _____	