



**State of New Hampshire
Board of Licensure of Interpreters for the
Deaf and Hard of Hearing**

21 South Fruit Street, Suite 20

Concord, NH 03301

(603) 271-3471(Voice/TTY) Fax: (603) 271-7095

Website: <https://www.education.nh.gov/who-we-are/deputy-commissioner/bureau-of-vocational-rehabilitation/interpreter-licensing-board>

INTERPRETER LICENSE APPLICATION FORM

ALL FIELDS MUST BE COMPLETED – IF A SECTION DOES NOT APPLY TO YOU, WRITE “N/A”

1. GENERAL INFORMATION

Applicant's Name	First	Middle	Last
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Mailing Address _____

City	State	Zip Code	Home Phone () ()	Work Phone () ()
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Cell Phone/ or Pager () ()	Date of Birth (MM/DD/YYYY) / /	E-Mail Address
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Are you currently certified by the Registry of Interpreters for the Deaf? Yes No

Type of certification _____ Date issued / / Date of expiration / /

Attach a current membership card* verifying your certification, or submit a statement from RID that you are currently certified.

Are you currently certified by the American Consortium of Certified Interpreters? Yes No

Level _____ Date issued / / Date of expiration / /

Attach a current membership card* verifying your certification, or submit a statement from ACCI that you are currently certified.

Are you currently approved by the New Hampshire Interpreter Classification System? * Yes No

Date issued / / Date of expiration / /

* Includes the Deaf Interpreter Provisional-Basic and Deaf Interpreter Provisional-Advanced

Submit a statement from the NH Classification System that you are currently screened.

Are you currently licensed or approved by another state or jurisdiction? Yes No Indicate state/jurisdiction _____

Type or level _____ Date issued / / Date of expiration / /

Attach a statement from the licensing or approving state or jurisdiction that you are currently certified, licensed, or approved.

■ This is for board information only; this does not automatically make you eligible for a NH license.

Have you completed 30 hours of oral transliterating training in the topics listed in Int 301.01(1)(3)? Yes No

Attach a certified statement or transcript verifying that all of the required training has been completed.

2. EDUCATIONAL BACKGROUND

Highest level of education attained _____ Year _____

Name of institution _____

Highest degree attained _____ Year _____

High school diploma or equivalent Yes No

3. OUT OF STATE

Are you now or have you ever been certified, registered, or licensed as an interpreter in any other state? Yes No

If yes, indicate state(s) _____, date(s) _____. Is this registration/licensure current? Yes No

Have you ever been refused a license or state approval by any licensing or approval authority for interpreters? Yes No

If yes, indicate the name(s) of the licensing or approval authority _____, date(s) of refusals _____ AND on an attached separate sheet state the reasons for the refusal.

4. COMPLAINTS, CONVICTIONS, DISCIPLINARY ACTIONS

Have you ever been the subject of disciplinary action of any kind by any professional licensing or approval body or have you entered into a settlement agreement or decent decree with any such licensing or approval body? Yes No

If yes, indicate the licensing or approval body _____ AND on an attached separate sheet provide a complete description of the misconduct alleged and the discipline or settlement involved.

Are you currently the subject of a misconduct investigation or disciplinary proceeding or are you negotiating a settlement of any misconduct allegations with any professional licensing or approval body? Yes No

If yes, indicate the licensing or approval body _____ AND on an attached separate sheet provide a complete description of the misconduct alleged or the settlement involved.

Have you ever been convicted of a felony or misdemeanor defined under any state or federal law that has not been annulled? Yes No

If yes, identify the court _____ AND on an attached separate sheet provide a complete description of the details of the defense, the date of the conviction and any sentence imposed.

5. ETHICAL AND LAWFUL CONDUCT PLEDGE

I, _____, hereby pledge that I shall practice ethically and in accordance with all the rules and laws governing the interpreting profession, including the Code of Professional Conduct Standards and Code of Professional Principles in Int 500 and Rules Governing Licensing Renewals and Requirements for Continuing Education required by Int 400 and all other rules and regulations of the Board of Licensure of Interpreters for the Deaf and Hard of Hearing.

Signature: _____ Date: _____

6. APPLICANT'S ATTESTATION

I, _____, certify that I am the person described and identified in this application and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my licensure as an interpreter in the State of New Hampshire.

Signature: _____ Date: _____

**INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT OR PHOTO
WILL NOT BE ACCEPTED**

7. CONTACT INFORMATION

The following information will be placed in the state interpreter directory. The directory is a printed version that gets distributed as requested. This same directory gets put on our Licensure website which makes this information available on the internet. Indicate your choices of contact: email, mail, phone, cell, pager, etc.

Name:

Certification type:

Contact Preference:

I understand and agree that this information will become public.

Signature _____

APPLICATION FEE: \$50.00

LICENSE FEE (for three years): \$150.00

**PLEASE INCLUDE A CHECK OR MONEY ORDER FOR \$200 PAYABLE TO: Treasurer-State of New Hampshire
~Please note - all applications must be approved at a full board meeting; however, your check may be cashed prior to that date.**

An un-retouched photo no larger than 4" x 6" and no smaller than 1 1/2" x 1" must be included. As this photo will be printed on your license card, passport or professional photos are preferred.

*** Your card will be immediately returned to you via certified mail**