

State of New Hampshire Board of Licensure of Interpreters for the Deaf, Hard of Hearing, and DeafBlind 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 RENEWAL FORM

ALL FIELDS MUST BE COMPLETED - IF A SECTION DOES NOT APPLY TO YOU, WRITE "N/A"

1. GENERAL INFORMATION						
Applicant's Name First	Mi	liddle		Last		
Mailing Address						
City		State	Zip Code	Home Phone	Work Phone	
Cell Phone/ or Pager	Date of Birth (MM/DD/YY)	E-Mail A	Address			
()	/ /					
Are you <u>currently</u> certified by the Registry of Interpreters for the Deaf? \Box Yes \Box No						
Type of certification Date issued / Date of expiration /						
Attach a copy of your 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? \Box Yes \Box No						
Level Date issued / / Date of expiration / /						
Attach a copy of your current membership card verifying your certification, or submit a statement from ACCI that you are currently certified.						
Are you <u>currently</u> approved by the New Hampshire Interpreter Classification System? Yes No						
Date issued / / Date of expiration / /						
Submit a statement from the NH Classification System that you are currently screened.						
Are you <u>currently</u> 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 purposes 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 $301.01(1)(3)$? \Box Yes \Box No						
Attach a certified statement or transcript verifying that all of the required training has been completed.						
2. EDUCATIONAL BACKGROU			X7			
Highest level of education attained Year Name of institution 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? \Box Yes \Box No						
If yes, indicate state(s), date(s) Is this registration/licensure current? \Box Yes \Box 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 pro a settlement agreement or decent decree with any such licensing or approval					
If yes, indicate the licensing or approval body	AND on an attached separate sheet provide a ent involved.				
Are you currently the subject of a misconduct investigation or disciplinary professional licensing or approval body?					
If yes, indicate the licensing or approval body	AND on an attached separate sheet provide a				
Have you ever been convicted of a felony or misdemeanor defined under an annulled? Yes No	y state or federal law that has not been				
If yes, identify the court					
5. ETHICAL AND LAWFUL CONDUCT PLEDGE I,, hereby pledge that I shall prace governing the interpreting profession, including the Code of Professional Co Int 500 and Rules Governing Licensing Renewals and Requirements for Co regulations of the Board of Licensure of Interpreters for the Deaf and Hard of	onduct Standards and Code of Professional Principles in ontinuing Education required by Int 400 and all other rules and				
Signature:	Date:				
6. APPLICANT'S ATTESTATION					
I,, certify that I am the person descr all questions truthfully and completely. Should I furnish any false or mislea such an act shall constitute cause for the denial or revocation of my licensur	ding information on this application, I hereby understand that				
Signature:	Date:				
INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED					
7. CONTACT INFORMATION					
The following information will be placed in the state interpreter directory. requested. This same directory gets put on our Licensure website which m Indicate your choices of contact: mail, phone, cell, pager, etc.					
Name:					
Certification type:					
Contact Preference:					
I understand and agree that this information will become public.					
Signature					
RENEWAL FEE (for three years): \$175.00					
PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABL	E 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. *** You may send in a more current photo for your new license card at this time ***					
Send application paperwork to: NH Interpreter Licensing Board					
21 South Fruit Street, Suite 20 Concord, NH 03301					