

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING SIGN LANGUAGE INTERPRETER EXEMPTION REQUEST (NO FEE)

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT INK <input type="checkbox"/>				Your name, address, phone number and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Exemption Level Requested (select one): <input type="checkbox"/> Intermediate Hearing <input type="checkbox"/> Advanced Hearing <input type="checkbox"/> Intermediate Deaf <input type="checkbox"/> Advanced Deaf							
Exemption Type Requested (select one): <input type="checkbox"/> Temporary Exemption (Up to One Year) <input type="checkbox"/> Permanent Exemption							
Last Name		First Name		MI	Former/Maiden Names		
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		
Address (street)		(city)	(state)	(zip code)		Daytime Telephone Number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) (street)		(city)	(state)	(zip code)		Date of Birth	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security Number			Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051 . The Department may not disclose the Social Security Number collected except as authorized by law.				
<input type="text"/> - <input type="text"/> - <input type="text"/>							
Ethnicity/gender status information is optional.							
GENDER		ETHNICITY					
<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> White, not of Hispanic origin		<input type="checkbox"/> American Indian or Alaskan		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> Black, not of Hispanic origin		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Other	
E-mail Address							
<input type="text"/>							
Will applicant's services only be provided to a single client? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state client's name: _____							
School Name (List additional education on attached sheets, if necessary.)				School Address (street, city, state, zip code)			
<input type="text"/>				<input type="text"/>			
List Degree and select one <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters		Field/Program of Study		Date Degree Granted			
<input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>			
Have you ever been licensed in Wisconsin as an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: _____							
List all other Sign Language Interpreter credential(s) or certification(s), active and inactive, you have ever held. Include state/jurisdiction, credential/certification number, and expiration date for each credential. (Attach additional sheets, if necessary.)							
Credential Title		State/Jurisdiction		License Number		Expiration Date	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Wisconsin Department of Safety and Professional Services

INDICATE ALL THE EXAMINATION(S) TAKEN BY THE APPLICANT. (Select all that apply and indicate pass or fail.) (Attach additional sheets, if necessary.) You <u>must</u> include verification of passage of examination(s) with your application.			
<input type="checkbox"/> BEI Test of English Proficiency (TEP)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> CASLI Generalist Knowledge Exam	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> BEI Basic Performance Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> CASLI Generalist "Gap Test" for Hearing Interpreters	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> BEI Advanced Performance Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> CASLI Generalist Performance Exam for Hearing Interpreters	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> BEI Master Performance Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> CASLI Generalist Bridge Plan or "Gap Test" for Deaf Interpreters (2 parts)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> NIC Knowledge Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
<input type="checkbox"/> NIC Interview & Performance Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> CASLI Generalist Performance Exam for Deaf Interpreters	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> Other Performance Exam(s) (list all): _____			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> Other Knowledge Exam(s) (list all): _____			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

THE FOLLOWING ITEMS ARE REQUIRED PURSUANT TO [WIS. STAT. § 440.032\(2\)\(c\)](#) ALONG WITH A COMPLETED APPLICATION. Attach additional sheet(s) to include the items listed below. Submit along with completed Form #3228.

Temporary Exemption (all levels)

1. Describe the reasons why applicant cannot obtain a license under current requirements.
2. Describe any professional credential(s) applicant possesses, applicant's knowledge of sign language and deaf culture, and applicant's educational and training background.
3. Describe the duration of the exemption requested and the setting for which the exemption is requested.
4. Specify the dates sign language interpreter services will be provided.

Permanent Exemption (all levels)

1. Describe the reasons why applicant cannot obtain a license under current requirements, and why a permanent exemption is being requested.
2. Describe any professional credential(s) applicant possesses, applicant's knowledge of sign language and deaf culture, and applicant's educational and training background.
3. If sign language interpretation services are only provided to one single client, provide client name. (Requested on Page 1 of application.)

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for an exemption may result in application processing delays; denial, revocation, suspension, or limitation of my exemption; or any combination thereof; or such other penalties as may be provided by law.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or exemption-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: _____ Date: / /

(If unable to provide a digital signature print and sign form.)