

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**Fax #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INFORMATION FOR APPLICATION FOR SIGN LANGUAGE INTERPRETER (RESTRICTED) LICENSE

#### THE FOLLOWING ITEMS ARE REQUIRED FOR PROCESSING APPLICATIONS:

##### Method 1:

- Associate degree or higher in sign language interpretation **or** Received a certificate of completion of an education and training program regarding such interpretation

##### Plus one of the following:

- Wisconsin Interpreting & Transliterating Assessment (WITA) at a level 2 or higher in **both** interpreting and transliterating (**Form #2930**) verified directly to DSPS.

**and**

- Evidence of passing the written exam administered by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor **and** an associate or student member of RID (**Form #2926**) verified directly to DSPS.

**or**

- Basic level certification granted by the Board of Evaluation of Interpreters (BEI) or its successor. Contact the state in which the BEI was taken for verification to be sent directly to DSPS (**Form #3206**).

**and**

- Evidence of passing the written exam administered by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor **and** an associate or student member of RID (**Form #2926**) verified directly to DSPS.

##### Method 2:

- Satisfactory evidence of a diagnosis by a physician that the applicant is deaf or hard of hearing.
- Evidence of a high school diploma or equivalent.
- Evidence of successful completion of eight (8) hours of training on the Role and Function of Deaf Interpreters sponsored by the Registry of Interpreters of the Deaf, Inc., or its successor.
- Evidence of successful completion of eight (8) hour of training on Professional Ethics sponsored by the Registry of Interpreters of the Deaf, Inc., or its successor.
- Evidence of successful completion of forty (40) hours of training consisting of workshops or other relevant courses sponsored by the Registry of Interpreters of the Deaf, Inc., or its successor.
- Three (3) letter of recommendation from individuals who have held national certification for at least the last five (5) years and are members in good standing with the Registry of Interpreters of the Deaf, Inc., or its successor.
  - Letters of recommendation together must document that the applicant has complete at least forty (40) hours of mentoring, including at least twenty (20) hours observing professional work and at least ten (10) hours observing certified deaf interpreters (**Form # 2931**) verified directly to DSPS.

##### Plus one of the following:

- Wisconsin Interpreting & Transliterating Assessment (WITA) at a level 2 or higher in **both** interpreting and transliterating (**Form #2930**) verified directly to DSPS.

**and**

- Evidence of passing the written exam administered by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor **and** an associate or student member of RID (**Form #2926**) verified directly to DSPS.

**or**

- Basic level certification granted by the Board of Evaluation of Interpreters (BEI) or its successor. Contact the state in which the BEI was taken for verification to be sent directly to DSPS (**Form #3206**).

**and**

- Evidence of passing the written exam administered by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor **and** an associate or student member of RID (**Form #2926**) verified directly to DSPS.

# Wisconsin Department of Safety and Professional Services

**Note: Individuals licensed under this Restricted License category may only practice under the supervision of an Interpreter licensed in Wisconsin under a renewable license category.**

**Please check the status of your application at <http://dsps.wi.gov> under “Self-Service” “Applicant Status” before contacting the Department.**

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**Website:** <http://dsp.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR SIGN LANGUAGE INTERPRETER (RESTRICTED) LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stat. § 440.12).

PLEASE TYPE OR PRINT IN INK

Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
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<b>Address</b> (street, city, state, zip) <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
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<b>Mailing Address</b> (if different) <input type="text"/>	<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
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<b>Social Security #</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification 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.
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Ethnicity/gender status information is optional.

**Ethnicity:**  White, not of Hispanic origin     American Indian or Alaskan     Hispanic  
 Black, not of Hispanic origin     Asian or Pacific Islander     Other

**Sex:**  M  F

**Email Address**

**Method applying by:** (choose one)

**Method 1:** An Associate or higher degree in Sign Language Interpretation or has received a certificate of completion of an education and training program regarding such interpretation and evidence of all required items listed on page i.

**Method 2:** Satisfactory evidence of all required items listed on page i.

**Have you ever been licensed in Wisconsin as a Sign Language Interpreter?**     Yes     No    If yes, list your credential number:

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

**I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

**Initial Credential Fee** (Sign Language Interpreter –Restricted)  
 \$75.00 Total Fee Attached

**For Receiving Use Only (151)**

# Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

**Method 1:**

- Application (**Form #2924**) and appropriate fee
- Satisfactory evidence of all of the following:
  - The applicant has received an Associate degree in Sign Language Interpretation **or** has received a certificate of completion of an education and training program regarding such interpretation. (**Form #2928**)
  - The applicant is verified by the Wisconsin Interpreting and Transliterating Assessment (WITA) at Level 2 or higher in both interpreting and transliterating (**Form #2930**). **Or** basic level certification granted by the Board of Evaluation of Interpreters (BEI) or its successor (**Form #3206**).
  - The applicant has passed the written examination administered by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor (**Form #2926**).
  - The applicant is an associate or student member of the Registry of Interpreters for the Deaf, Inc. (RID) or its successor (**Form #2926**) or the Board for Evaluation of Interpreters.
- Convictions and Pending Charges (**Form #2252**), if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

**Method 2:**

- Application (**Form #2924**) and appropriate fee
- Satisfactory Evidence of all of the following:
  - Evidence of a diagnosis by a physician that the applicant is deaf or hard of hearing.
  - Evidence of a high school diploma or equivalent
  - Evidence of completion of 8 hours of training on the Role and Function of Deaf Interpreters sponsored by RID or its successor.
  - Evidence of completion of 8 hours of training on professional ethics sponsored by RID or its successor.
  - Evidence of completion of at least 40-hours of training consisting of workshops sponsored by RID or its successor or other relevant courses.
  - Letters of recommendation from at least three (3) individuals who have held national certification for at least five (5) years, and are members in good standing of RID or its successor, providing evidence that applicant has completed at least 40-hours of mentoring including at least 20-hours of observing professional work and at least 10-hours observing Certified Deaf Interpreters. (**Form #2931**) **and**
  - The applicant is verified by the Wisconsin Interpreting and Transliterating Assessment (WITA) at Level 2 or higher in both interpreting and transliterating (**Form #2930**).
  - **Or** basic level certification granted by the Board of Evaluation of Interpreters (BEI) or its successor (**Form #3206**).
  - Evidence that applicant is an associate or student member of RID or its successor (**Form #2926**).
  - Identification and license number of applicant's supervising licensed Interpreter.
- Convictions and Pending Charges (**Form #2252**), if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

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**ARE YOU A VETERAN?** If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?**  Yes  No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVET.com](http://www.WISVET.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

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**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department's website at <http://dsps.wi.gov> and select your profession to view the requirements.

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# Wisconsin Department of Safety and Professional Services

**COMPLETE THIS SECTION IF YOU ARE APPLYING BY METHOD 1:** List educational institution from which you have received a degree in sign language interpretation of the institution or provider from which you received a certificate of completion of an education and training program regarding sign language interpretation.

Name of School/Education Provider	Did you receive a Diploma, Degree, or Certificate of Completion?	Dates Attended (Month/Year)	Date of Graduation/Completion
	<input style="width: 150px; height: 20px;" type="text"/>	(From) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (To) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>
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**COMPLETE THIS SECTION IF YOU ARE APPLYING BY METHOD 2:** List high school from which you have received a degree or other relevant education that satisfies the high school diploma equivalency requirement.

Name of School	Diploma or Degree Received	Dates Attended (Month/Year)	Date of Graduation/Completion
	<input style="width: 150px; height: 20px;" type="text"/>	(From) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (To) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>
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# Wisconsin Department of Safety and Professional Services

List below all training workshops sponsored by RID or its successor and/or other relevant courses satisfactorily completed. You must provide a copy of any certificates of completion or attendance for each course listed below. (attach additional sheets if necessary)

All applicants must have completed at least 40-hours of training consisting of workshops sponsored by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor, or other relevant courses.

Name of School/Sponsoring Organization	Course Name	Dates Attended (Month/Year)	Number of Hours Attended	Certificate Received (if applicable)
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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List below all training workshops sponsored by RID or its successor on the role and function of Deaf Interpreters.

Name of School/Sponsoring Organization	Course Name	Dates Attended (Month/Year)	Number of Hours Attended	Certificate Received (if applicable)
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

# Wisconsin Department of Safety and Professional Services

List below all training workshops sponsored by RID or its successor on professional ethics.

Name of School/Sponsoring Organization	Course Name	Dates Attended (Month/Year)	Number of Hours Attended	Certificate Received (if applicable)
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	(From) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> (To) <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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List below three (3) or more individuals who have held national certification for at least five (5) years and who are members in good standing of RID or its successor who will be providing letters of recommendation for the applicant. Individuals providing recommendations for applicant will need to complete Form #2931.

**Name of Individuals Providing Recommendation:** (must list at least 3)

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Identify below the licensed Interpreter(s) who hold a renewable license in Wisconsin who will be supervising the applicant. You must provide the name and license number for each Interpreter who may act as your supervisor.

Name of Supervisor:	WI Interpreter License Number:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> - 150
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> - 150
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> - 150

# Wisconsin Department of Safety and Professional Services

**ANSWER THE FOLLOWING QUESTIONS:**

(attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, Malpractice Suits or Claims (Form #2829).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice sign language interpretation with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 11, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 4 above, did you apply for a predetermination of the convictions? <b>If YES, proceed to question 14.</b> <b>If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 13, did you receive an approval letter? <b>If YES, proceed to question 15.</b> <b>If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	If yes to question 14, <b>since the date of your approval letter</b> have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation.</b> <b>If NO, do not submit Convictions and Pending Charges Form #2252.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



**CERTIFICATION OF LEGAL STATUS:**

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. § 1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

**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 a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

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

Signature:  Date:  /  /