

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Fax #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING **INFORMATION FOR APPLICATION FOR SIGN LANGUAGE INTERPRETER LICENSE**

THE FOLLOWING ITEMS ARE REQUIRED FOR PROCESSING APPLICATIONS:

Method 1 Requirements:

- Associate degree in sign language interpretation
or
- A certificate of completion from an education and training program regarding such interpretation.

Plus one of the following:

- Valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. Complete (**Form #2926**).
- Valid Advanced or Masters level certification granted by the Board for Evaluation for Interpreters (BEI) or its successor. Contact the state in which the BEI was taken for verification to be sent directly to DSPS. Complete (**Form #3206**).
- Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification specified in the two preceding bullet points.

Method 2 Requirements:

- Satisfactory evidence of a diagnosis by a physician that the applicant is deaf or hard of hearing.

Plus one of the following:

- Valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. Complete (**Form #2926**).
- Valid Advanced or Masters level certification granted by the Board for Evaluation for Interpreters (BEI) or its successor. Contact the state in which the BEI was taken for verification to be sent directly to DSPS. Complete (**Form #3206**).
- Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification specified in the two preceding bullet points.

Method 3 Requirements:

- Within 24 months after establishing residency in the state, the applicant must provide satisfactory evidence that the applicant **holds one** of the following certifications:
 - Valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. Complete (**Form #2926**).
 - Valid Advanced or Masters level certification granted by the Board for Evaluation for Interpreters (BEI) or its successor. Contact the state in which the BEI was taken for verification to be sent directly to DSPS. Complete (**Form #3206**).
 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification specified in the two preceding bullet points.

Plus both of the following:

- Applicant obtained the certification prior to establishing residence in this state.
- Applicant held the certification at the time the applicant established residency in this state.

Re-Registration Requirements:

- Submit completed application (**Form 2927**) and appropriate fee(s).

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

SIGN LANGUAGE INTERPRETER LICENSE APPLICATION

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 <input type="checkbox"/> 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).			
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
Address (street, city, state, zip) <input style="width:95%;" type="text"/>		Daytime Telephone Number <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>		Date of Birth <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/>	
Social Security # <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" 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.	
Ethnicity/gender status information is optional.			
Ethnicity: <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			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been credentialed under any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) credential under.			
<input style="width:95%;" type="text"/>			
Email Address <input style="width:95%;" type="text"/>			
School Name <input style="width:95%;" type="text"/>		School Address (street, city, state) <input style="width:95%;" type="text"/>	
Date Degree Granted <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/>		Degree <input style="width:95%;" type="text"/>	

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
\$ 75.00 Total Fee Attached
- Re-registration (License expired 5 years or more)
 \$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$100.00 Total Fees Attached

For Receipting Use Only (150)

Wisconsin Department of Safety and Professional Services

CHECK THE APPROPRIATE BOX FOR METHOD OF APPLICATION:

Method 1:

- Associate degree in sign language interpretation **or** a certificate of completion of an education and training program regarding such interpretation. **(Complete Form #2928)**
- **Plus one of the following:**
 - Valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. **(Complete Form #2928)**
 - Valid Advanced or Masters level certification granted by the Board for Evaluation for Interpreters (BEI) or its successor. Contact the state in which the BEI was taken for verification to be sent directly to DSPS. Complete **(Form #3206)**.
 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification in the two preceding bullet points.

Method 2:

- Satisfactory evidence of a diagnosis by a physician that the applicant is deaf or hard of hearing.

Plus one of the following:

- Valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. **(Complete Form #2928)**
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Method 3:

- Within 24 months after establishing residency in the state, the applicant must provide satisfactory evidence that the applicant **holds one** of the following certifications:
 - Valid certification granted by the Registry of Interpreters for the Deaf, Inc. (RID) or its successor. **(Complete Form #2928)**
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 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification in the two preceding bullet points.

Plus both of the following:

- Applicant obtained the certification prior to establishing residency in this state.
- Applicant held the certification at the time the applicant established residency in the state.

Re-Registration: License Expired 5 years or more

- Submit application and fee.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

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? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <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? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<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? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ANSWER THE FOLLOWING QUESTIONS:

(attach additional sheet(s) if necessary)

6.	Have any suits or claims ever been filed against you as a result of professional services? If yes, Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under:	<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 chiropractic with reasonable skill and safety? If yes, please explain.	<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? If yes, please explain.	<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? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 4 above, did you apply for a predetermination of the convictions? If YES, proceed to question 14. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 13, did you receive an approval letter? If YES, proceed to question 15. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	If yes to question 14, since the date of your approval letter 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. If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation. If NO, do not submit Convictions and Pending Charges Form #2252.	<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.

Wisconsin Department of Safety and Professional Services

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.

Applicant Signature: Date: / /