

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935  
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**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 LICENSE

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

Application (Form 3227) and fee are required for any method of application.

If applying for Temporary or Permanent Exemption, please submit request form (Form 3228) along with initial Application (Form 3227) and fee.

#### **Sign Language Interpreter – Intermediate Hearing**

**Method 1** – Must Satisfy ALL of the following:

- Proof of earning an Associate’s degree in Sign Language Interpretation or equivalent.
- Evidence of successful completion of an Interpreter Training Program.
- Evidence of passing the Basic Performance examination and is certified by the Board for Evaluation of Interpreters (BEI) OR evidence of passing an equivalent examination.

**Method 2** – Must Satisfy ALL of the following:

- Proof of earning an Associate’s degree in Sign Language Interpretation before 7/19/2019.
- Evidence of passing the Basic Performance examination and is certified by the Board for Evaluation of Interpreters (BEI) OR evidence of passing an equivalent examination.

**Method 3** – Must Satisfy ALL of the following:

- Evidence of passing the Basic Performance examination before 7/19/2019 and is certified by the Board for Evaluation of Interpreters (BEI) OR evidence of passing an equivalent examination before 7/19/2019.
- Department review of all circumstances and upon receiving advice from the committee.

#### **Sign Language Interpreter – Advanced Hearing**

**Method 1** – Must Satisfy ALL of the following:

- Proof of earning an Associate’s degree in Sign Language Interpretation or equivalent.
- Evidence of successful completion of an Interpreter Training Program.
- Evidence of passing the Advanced or Master Performance examination and is certified by the Board for Evaluation of Interpreters OR Evidence of passing the examination for and holds the National Interpreter Certification issued by the Registry of Interpreters for the Deaf, Inc. (RID) OR evidence of passing an equivalent examination.

**Method 2** – Applicant was issued before 7/19/2019 and maintains in good standing Certification of any of the following:

- National Interpreter Certification (NIC), Advanced or Master Level National Interpreter Certification (NIC-Advanced or NIC-Master), Certificate of Interpretation (CI), Certificate of Transliteration (CT), Comprehensive Skills Certificate (CSC), Master Comprehensive Skills Certificate (MCSC), Interpretation Certificate (IC), or Transliteration Certificate (TC), issued by the Registry of Interpreters for the Deaf, Inc. (RID).
- The National Association of the Deaf III, IV, or V Certification.
- The Advanced or Master Certification of the Board for Evaluation of Interpreters (BEI).

**Sign Language Interpreter – Intermediate Deaf** – Must Satisfy ALL of the following:

- Proof of holding a high school diploma or equivalent.
- Evidence of completion of at least 40 hours of Deaf Interpreter training curriculum approved by the Department.
- Evidence of successful completion of at least 16 hours of Sign Language Interpretation services-related training approved by the Registry of Interpreters for the Deaf, Inc. (RID), or the Board for Evaluation of Interpreters (BEI), or substantially equivalent training as determined by the Department.
- Evidence of successful completion of American Sign Language Linguistics I and II or substantially equivalent coursework as determined by the Department.
- Two Letters of Recommendation from individuals who hold a Sign Language Interpreter-Advanced Deaf license, a Certified Deaf Interpreter Certification issued by the Registry of Interpreters for the Deaf, Inc. (RID) OR an equivalent Certification as determined by the Department. Letters must show successful completion of at least 25 hours of observing sign language interpretation services provided to clients.

**Sign Language Interpreter – Advanced Deaf** – Must Satisfy ALL of the following:

- Proof of earning an Associate’s degree OR satisfies an alternative pathway for education as determined by the Department.
- Evidence of holding a Certified Deaf Interpreter Certification issued by the Registry of Interpreters for the Deaf, Inc. (RID) or an equivalent certification as determined by the Department.

**Late Renewal Requirements (License expired 5 years or more):**

- Submit completed application (Form 3227) and appropriate fee(s).

**BEI:** If applicant has certification through BEI, applicant will need to submit [Form 3206](#) to the state where BEI certification was received.

**RID:** If applicant has certification through RID, applicant will need to submit [Form 2926](#) to: Registry of the Interpreters for the Deaf Inc., 333 Commerce St, Alexandria VA 22314.

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING SIGN LANGUAGE INTERPRETER LICENSE APPLICATION

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 IN INK  Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address 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"/>
<b>Address</b> (street, city, state, zip code) <input type="text"/>				<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>Mailing Address</b> (if different) <input type="text"/>				<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>Social Security Number</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 <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.			
Ethnicity/gender status information is optional.					
<b>Ethnicity:</b>		<input type="checkbox"/> White, not of Hispanic origin		<input type="checkbox"/> American Indian or Alaskan	
		<input type="checkbox"/> Black, not of Hispanic origin		<input type="checkbox"/> Asian or Pacific Islander	
<b>Sex:</b>		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Hispanic	
				<input type="checkbox"/> Other	
<b>Have you ever been licensed in Wisconsin as a sign language interpreter?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				If yes, list your credential number: <input type="text"/>	
<b>E-mail Address</b> <input type="text"/>					
<b>School Name</b> <input type="text"/>			<b>School Address</b> (street, city, state) <input type="text"/>		
<b>Degree</b> <input type="text"/>			<b>Date Degree Granted</b> <input type="text"/> / <input type="text"/> / <input type="text"/>		

**APPLICATION FEES:** Please check applicable box. Attach check or money order (payable to DSPS) or credit card form ([#3071](#)) to this application. (Form #3071 may be faxed with application to 608-251-3036. **Multiple submissions will result in duplicate credit card charges.**)

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

**Initial Credential Fee** – Please Select Credential and Method

Intermediate Hearing **Method:**  1  2  3

Advanced Hearing **Method:**  1  2

Intermediate Deaf

Advanced Deaf

**\$ 60.00 Total Fee Attached**

**Late Renewal** – (WI License expired more than 5 years)

\$ 60.00 Renewal Fee

\$ 25.00 Late Fee

**\$ 85.00 Total Fees Attached**

**For Receiving Use Only (157, 158, 159, 160)**

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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 information and eligibility requirements for veterans, service members, former service members, and their spouses.

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

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: \_\_\_\_\_

**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. (You may contact the WDVA at 1-800-947-8387 or [dva.wi.gov](http://dva.wi.gov) for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

**If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential?**  Yes  No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select "Professions," then select the hyperlink for the desired profession.

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets 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.	If yes to Question 4 above, did you apply for a predetermination of the conviction(s)? <b>If yes, proceed to Question 6.</b> <b>If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If yes to Question 5, did you receive a letter indicating the conviction(s) did not disqualify you from licensure? <b>If yes, proceed to Question 7.</b> <b>If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If yes to Question 6, since the date of the letter indicating the conviction(s) did not disqualify you from licensure, 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 for each conviction and pending charge since the date of the letter.</b> <b>If no, submit Convictions and Pending Charges Form #2252 without previously submitted documentation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	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
9.	Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, Malpractice Suits or Claims (<a href="#">Form #2829</a>).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice sign language interpreting with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	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
14.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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15.	If yes to Question 14, 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
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## 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 have provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /

(Print and Sign Form)