

Wisconsin Department of Safety and Professional Services

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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 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.

Re-Registration 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, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address 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"/>
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Address (street, city, state, zip) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 95%;" type="text"/>
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Mailing Address (if different) <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
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Social Security # <input style="width: 95%;" 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

Have you ever been credentialed under any other name(s)? Yes No If yes, state name(s) credential under.

Email Address

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: 95%;" 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)

Initial Credential Fee – Please Select Credential and Method

Intermediate Hearing **Method:** 1 2 3
 Advanced Hearing **Method:** 1 2
 Intermediate Deaf
 Advanced Deaf

\$ 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 Receiving Use Only (157, 158, 159, 160)

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? 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
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
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

Wisconsin Department of Safety and Professional Services

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions" and this profession.

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.

Applicant Signature: Date: