

**Advisory Board for Interpreters between Hearing Individuals and Individuals who  
are Deaf, Deafblind, Hard of Hearing or Oral Deaf  
Application for Licensure**

**Name:**

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**Social Security Number:**

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**Address:**

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**City:**

**State:**

**County:**

**Zip:**

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**Phone Number:**

**Email:**

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**Date of Birth:**

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**Current credential(s) held:**

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[Note: Copies of all credentials held MUST be submitted along with this application. Credential(s) must show an expiration date and must be valid at the time of the application.]

CEUs: If credential(s) held do not track continuing educational units, please submit evidence with this application of satisfaction of the required ten (10) clock hours (or 10.0 CEUs) obtained. This requirement is only for renewal applications and not the initial application.

**Statements of adherence to the Code of Professional Conduct:**

*"A Licensed Qualified Interpreter must abide by the Professional Code of Conduct promulgated under these Rules and stated in Ark. Code Ann. § 20-14-805(b)(9). By signing this document, I, \_\_\_\_\_, agree to adhere to the ethical practices stated in the Professional Code of Conduct and Ark. Code Ann. § 20-14-805(b)(9). I further confirm that all information contained above is true and accurate. "*

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Signature

Date

## Application for Licensure - Page Two

<b>Application Fees</b>		
<b>Check Box</b>	<b>Desired Action</b>	<b>Amount</b>
	Initial Application and Licensure Fee (includes application and first year annual fee)	\$125.00
	Annual Fee (Renewal on the calendar year)	\$ 90.00
	Upgrade Fee (If an individual receives a higher credential prior to the end of the year and wishes to reflect the higher credential on their license)	\$ 35.00
	Annual Late Fee (Dependant upon Advisory Board for Interpreters Review)	\$ 25.00
	Replacement Card Fee	\$ 10.00
	Insufficient Funds Fee (NSF will require payment in the form of a Money Order or Cashier's Check)	\$ 35.00
	Total Amount Enclosed	

**Use this space to explain your reason for consideration of a late fee approval and re-instatement of your license.**

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This form should be completed and mailed to:

Arkansas Department of Health  
Licensing Office  
Advisory Board for Interpreters  
4815 West Markham St., Slot 29  
Little Rock, AR 72205-3867

**Advisory Board for Interpreters for Interpreters between Hearing Individuals and  
Individuals who are Deaf, Deafblind, Hard of Hearing or Oral Deaf  
Application for Provisional Licensure**

**Name:**

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**Common Customer Number (if renewal):**

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**Address:**

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**City:**

**State:**

**County:**

**Zip:**

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**Phone Number:**

**Email:**

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**Date of Birth:**

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(Check one)  Deaf  Hard of Hearing  Oral Deaf

**15 Hours of training:**

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**10 Hours of supervised observation/interpreting:**

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**Two letters of recommendations:**

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[Note: Copies of all credentials held MUST be submitted along with this application. Credential(s) must show an expiration date and must be valid at the time of the application.]

CEUs: If credential(s) held do not track continuing educational units, please submit evidence with this application of satisfaction of the required ten (10) clock hours (or 1.0 CEU) obtained. This requirement is only for annual applications and not the initial application.

**Statements of adherence to ethical practices:**

*A Licensed Qualified Interpreter must abide by the Professional Code of Conduct promulgated under these Rules and stated in Ark. Code Ann. § 20-14-805(b)(9). By signing this document, I, \_\_\_\_\_, agree to adhere to the ethical practices stated in the Professional Code of Conduct and Ark. Code Ann. § 20-14-805(b)(9). I further confirm that all information contained above is true and accurate.*

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