

APPLICATION FOR INTERPRETER LICENSURE BOARD

1. Print Name <hr/> 3. Residence Address (Street, City, State, ZIP Code) <hr/> 4. County of Residence <hr/> 5. Driver's License Number <hr/> 6. E-Mail Address(es) <hr/> 7. Pager <hr/> 8. Contact Numbers Home: _____ Business: _____ Cell: _____ TTY: _____ VP: _____ <hr/> 9. Place of Birth <hr/> 10. Date of Birth (M/D/Y) <hr/>	2.	Female Male <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	American Indian or Alaskan Native. A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community. Asian or Pacific Islander. A person having origins in ay of the original peoples of the Far East, Southeast, Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China Japan Korea, the Philippine Islands, & Samoa. Black not of Hispanic Origin. A person having origins in any of the black racial groups of Africa. Spanish or Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race. White not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middles East. Other: _____
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11. Deaf / Hard of Hearing Consumer Interpreter

12. Have you ever been convicted of any criminal offense(s) in Illinois, or in another state, or in federal court (other than minor traffic violations)? Yes No *If yes, attach explanation stating the date and place of conviction(s) and the nature of such offense(s).*

13. Have you ever been a registered lobbyist or lobbied any level of government during the past five years?
 Yes No *If yes, attach explanation indicating whether you received any compensation for lobbying activities, and list the group(s) you represented.*

14. Is there anything in your background, if it were disclosed, might prove to be embarrassing to you, IDHHC Director or the Governor? Yes No

15. EDUCATION

A.	Secondary - Name and Location of Institution	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B.	College - Undergraduate/Baccalaureate - Name and Location of Institution	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Number of Years Attended</td> <td style="width: 25%;">Curriculum _____ Major _____ Minor</td> <td style="width: 25%;">Type of Degree Granted</td> <td style="width: 25%;">Date Degree Issued</td> </tr> </table>	Number of Years Attended	Curriculum _____ Major _____ Minor	Type of Degree Granted	Date Degree Issued	
	Number of Years Attended	Curriculum _____ Major _____ Minor	Type of Degree Granted	Date Degree Issued		
College - Undergraduate/Baccalaureate - Name and Location of Institution	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Number of Years Attended</td> <td style="width: 25%;">Curriculum _____ Major _____ Minor</td> <td style="width: 25%;">Type of Degree Granted</td> <td style="width: 25%;">Date Degree Issued</td> </tr> </table>	Number of Years Attended	Curriculum _____ Major _____ Minor	Type of Degree Granted	Date Degree Issued	
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C.	College - Postgraduate - Name and Location of Institution		
	Type of Curriculum	Type of Degree Granted	Date Degree Issued
	College - Postgraduate - Name and Location of Institution		
	Type of Curriculum	Type of Degree Granted	Date Degree Issued

16. License /Certification/Evaluation Qualifications (Attach copies of all credentials)			
Type of Credentials	Issuing Body	Date Issued	Current?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Professional Experience			
Date		Employer Name and Address	Description of Experience
From	To		

18. Professional Associations/Activities

19. Honors/Publication/Other

I, _____, authorize the State of Illinois to conduct an investigation into all aspects of my qualifications and background. I authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agency of the State of Illinois conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. I release any individual, organization, or agency from any and all liability incurred as a result of providing such records.

Signature _____
Date _____