

**Department of Professional and Financial Regulation
Office of Professional & Occupational Regulation**

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<http://www.maine.gov/pfr/professionallicensing/professions/interpreters/>

DISCLOSURE STATEMENT: INTERPRETERS / TRANSLITERATORS FOR THE DEAF AND HARD-OF-HEARING

PART 1

**PLACE RECENT
PHOTO HERE**

(A clear, first-generation
photocopy is acceptable.)

Interpreter/Transliterater Name: _____	
Check one:	<input type="checkbox"/> Deaf <input type="checkbox"/> Hearing
License #: _____	Expiration Date: _____
First year licensee was registered or licensed: _____	

LICENSE CATEGORY (Please check appropriate boxes.)

- Certified Interpreter/Transliterater** -- Specific certification(s) held: _____
 - Registry of Interpreters for the Deaf Year First Issued: _____
 - National Association of the Deaf (Level 4 or 5) Year First Issued: _____
- Limited Interpreter/Transliterater** --
 - Has earned a of a score of 3.5 or higher on the Educational Interpreter Performance Assessment ("EIPA"). Year Passed: _____.
 - Has completed: (1) 100 or more hours of education in American Sign Language and (2) 100 or more hours of education in the interpretive process, or has: (1) documented skill level equivalent to 100 or more hours of education in American Sign Language and (2) completed 100 or more hours of education in the interpretive process.

PART 2

Post Secondary Academic Degree(s)			
Degree	Year	Institution	Major or Program

False statements on this form are punishable according to law.

Interpreter/Transliterater Signature:	Date:
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Contact the Office of Professional & Occupational Regulation with any questions about the licensure status of this Interpreter/Transliterater or the contents of this Disclosure Statement (e-mail: tammy.reed@maine.gov; Phone: (207)624-8624, TTY users call Maine relay 711).

Part 1 of this Disclosure Statement Verified by OLR:	
Signature:	Date:
Printed Name:	