

For Office Use Only

Applicant #:	License #:	Staff Initials:
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Application for Licensure - Provisional Sign Language Interpreter

As of January 1, 2024, all individuals who perform sign language interpretation services must hold a license issued by the Health Licensing Office (HLO) unless certain exceptions are met pursuant to [Oregon Revised Statute 676.771](#).

This application is for a permanent license. An individual who qualifies for a permanent license and pays the required application and licensing fees may provide sign language interpreting services as soon as HLO grants the person the permanent license. The permanent license is valid for one year. An individual meeting the renewal requirements can renew the permanent license.

Please note:

- There is only one primary staff member who will be processing the initial influx of hundreds of SLI applications. This staff member needs to ensure the applicant is qualified, proper identification has been received, proper supporting documentation has been received, the application is accurately entered and processed in our licensing database, and fees are transacted correctly. This means it may take several weeks for HLO to process your application and mail your license to you. Whereas the following online database, which can be found on HLO's website, shows license status in real time: <https://elite.hlo.state.or.us/OHLOPublicR/LPRBrowser.aspx>. You can check this link on a regular basis to see if your license has been processed, but again, please allow several weeks for the HLO to process all applications.
- The HLO has extended the limited waiver on enforcement through *midnight* on June 30, 2026. This means that the HLO will not take action against a person on the narrow basis that the person provides sign language interpretation services in Oregon without a license prior to July 1, 2026. The HLO may impose discipline for any other violation of the HLO or Board rules or statutes.
- Holding a temporary license does not guarantee that an individual will be granted a permanent license.
- The state legislature limited the number of times certain licenses can be renewed.

Applicant Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	PERSONAL PHONE:	
EMAIL (REQUIRED):	SOCIAL SECURITY # (REQUIRED):	
Have you ever been known under any other legal name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list all previous full (legal) names below:		
Previous legal name(s):		
Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list information below (add additional blank page if necessary):		
State:	Lic./Cert./Reg. #:	Expiration:
State:	Lic./Cert./Reg. #:	Expiration:
State:	Lic./Cert./Reg. #:	Expiration:
State:	Lic./Cert./Reg. #:	Expiration:

Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. **Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority?** Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.
☐ Yes ☐ No If yes, attach an additional page(s) and provide an explanation.
2. **Have you ever been convicted of a misdemeanor or felony?** ☐ Yes ☐ No If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).
- | Year Convicted |
|----------------|
| |
| |
| |
3. **As of today, are you on probation or parole?** ☐ Yes ☐ No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. **I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.**
☐ Yes ☐ No

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:

Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA programs. This information will also be used in the aggregate (i.e., as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit / Metis / First Nation
- ☐ Indigenous Mexican / Central American / South America

Asian

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino / Filipina
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Black and African American

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Hispanic and Latino/Latina/Latinx

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- ☐ Middle Eastern
- ☐ North African

Native Hawaiian and Pacific Islander

- ☐ Chamoru/Chamorro
- ☐ Guamanian
- ☐ Marshallese / Micronesian / Palauan / Tongan
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

White

- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

Other Categories

- ☐ Other: _____
- ☐ Unknown
- ☐ Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- ☐ Yes, please list: _____
- ☐ I do not have just one primary racial or ethnic identity
- ☐ No, I identify as Bi-racial or Multi-racial
- ☐ Not applicable, I only checked one category above
- ☐ Unknown
- ☐ Decline to answer

License Information - Provisional Sign Language Interpreter

OAR 816-025-0100

Sign Language Interpreter Provisional License

(1) A SLI provisional license holder:

(a) May only provide SLI services under the supervision of a person holding an active SLI supervisory license or an active SLI generalist license.

(b) May be supervised onsite or remotely.

(c) May be supervised directly or indirectly.

(d) May have more than one supervisor.

(e) May not supervise any other person providing SLI services.

(f) May not provide SLI services in a medical or legal setting.

(g) May not provide SLI services in an educational setting unless the person holds a license under ORS 676.762 and OAR 816-025-0040.

(2) A SLI provisional license is current for one year and becomes inactive on the last day of the month one year from the date of issuance.

(3) A SLI provisional license may be renewed up to five times.

(4) The issuance or the licensee's holding of a SLI provisional license does not supersede, replace, or negate the need for the licensee to comply with other laws requiring licensure or registration or competent SLI services.

(5) If an applicant has not received a passing score on one of the EIPA examinations listed in OAR 816-025-0110(5), and receives a license, then the person must disclose the information to each client.

Attestation of Code of Professional Conduct

By my signature below, I attest to being in compliance with the 2005 NAD-RID Code of Professional Conduct listed in Oregon Administrative Rule 816-065-0000.

Applicant Signature:

Date:

Proposed Supervisor Information

Submit the name of at least one proposed supervisor below. The supervisor(s) named below must hold an active license in Oregon as a Supervisory Sign Language Interpreter or an active license in Oregon as a Generalist Sign Language Interpreter. Add additional blank pages if necessary.

SUPERVISOR NAME:

LICENSE # (if known):

SUPERVISOR NAME:

LICENSE # (if known):

SUPERVISOR NAME:

LICENSE # (if known):

Attestation for Providing Sign Language Interpreter Services

By my signature below, I attest that I will only provide sign language interpreter services while I am under the supervision of a person holding an active supervisory sign language interpreter license or by a person holding an active generalist sign language interpreter license.

Applicant Signature:

Date:



HEALTH LICENSING OFFICE

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192

Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov

Web: www.oregon.gov/oha/ph/hlo

Payment Information (complete this section only if submitting payment by mail)

Required Fees: (*The application fee is non-refundable)

***Application Fee = \$75**

License Fee = \$100

Total of \$175

Please check one: ☐ Credit Card (see below) ☐ Check ☐ Money Order ☐ Purchase Order **DO NOT MAIL CASH**

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover (Cardholder must either be the applicant or be present at the time application is submitted).

Name on card: _____

Card Number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

(Do not write in the following section – Official use only)

Method of Payment: ☐ Visa ☐ MasterCard
☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO

AMOUNT: _____

INITIALS: _____

☐ Approval code/CK#: _____

Method of Payment: ☐ Visa ☐ MasterCard
☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO

AMOUNT: _____

INITIALS: _____

☐ Approval code/CK#: _____

Method of Payment: ☐ Visa ☐ MasterCard
☐ Discover ☐ Cash ☐ Check ☐ MO ☐ PO

AMOUNT: _____

INITIALS: _____

☐ Approval code/CK#: _____

Application Requirements

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
_____	Submit this completed application.
_____	<p>Submit two forms of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The two forms of ID must be issued by a government agency. • Both the ID's must include the applicant's current legal name. • At least one form of ID provided must be photographic. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting photocopies of your ID by mail, legible (clear) front and back copies must be submitted. Submit the copies on a full-sized piece(s) of copy paper, do not cut the ID images out. <p>If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.</p>
_____	Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above).
_____	Attest to being in compliance with the 2005 NAD-RID Code of Professional Conduct. You must be in compliance with this code to qualify for licensure. Sign and date the "Attestation of Code of Professional Conduct" section on page four of this form.
_____	<p>Submit proof of one of the following from (a) or (b):</p> <p>(a) Holding one of the following credentials:</p> <ul style="list-style-type: none"> • TBEI Basic Certificate • TBEI Level II Certificate • TBEI Level III Certificate • NAD Level III Certification <p>(b) Having achieved one of the following examination or assessment scores:</p> <ul style="list-style-type: none"> • EIPA PSE or ASL 3.5 or above • American Sign Language Performance Interview 4 or above • Sign Language Proficiency Interview score of Advanced or above • Center for the Assessment of Sign Language Interpretation Generalist Knowledge Exam passing score
_____	Submit your proposed supervisor(s) names under the "Proposed Supervisor Information" section on page four of this form.
_____	Attest that you will only provide sign language interpreter services under the supervision of a person holding an active supervisory sign language interpreter license or an active generalist sign language interpreter license by signing and dating the attestation statement under the "Attestation for Providing Sign Language Interpreter Services" section on page four of this form.

Application Requirements (continued)

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Have you answered questions 1 through 4 on page two of this application? If you fail to answer each of the questions, this application may be returned to you and potentially cause a delay in processing.
_____	If you do not have a social security number (SSN), have you signed and dated section 5 on page two of this application? If you do have an SSN that you have provided on page one, do not complete this section.
_____	Have you signed and dated section 6 on page two of this application? If you fail to sign and date this section, your application will be returned to you and will cause a delay in processing.
_____	Have you completed the payment information section of this application and enclosed payment or provided credit card information?
_____	<p>Keep a copy of your application and supporting documents before submitting everything to the Health Licensing Office (HLO).</p> <p>You have two options to submit your application (submit your application only once):</p> <ol style="list-style-type: none"> 1. Email the application, payment information, copies of your identification, and copies of your required supporting documents to michael.a.brennan@oha.oregon.gov. <p>If you choose the email option, the application, copies of your identification, and required supporting documents must all be converted into one or more pdfs and attached to the email. Do not place any documents in the body of the email when sending. Doing so may cause your email to be returned to you and require you to resend your email with attached pdf documents. This may cause an additional delay in processing your application. If you are unable to attach pdfs to an email, you may consider the other two options below for submission of your application.</p> <ol style="list-style-type: none"> 2. Mail the application. Enclose payment or provide credit card information, enclose copies of your identification, and enclose copies of your required supporting documents to the HLO. The address is listed at the top of this application. 3. Bring the application in to the HLO. Bring the completed application, payment for fees, two forms of your original identification, and required supporting documents to the HLO. The address is listed at the top of this application.

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