



HEALTH LICENSING OFFICE

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Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov
Web: www.oregon.gov/oha/ph/hlo

For Office Use Only		
Applicant #:	License #:	Staff Initials:

Application for Temporary Licensure - Provisional Sign Language Interpreter

As of January 1, 2024, all individuals who perform sign language interpretation services must hold a license issued by HLO unless certain exceptions are met pursuant to [HB 2696 \(2023\)](#), Section 8.

Initially, HLO will issue temporary sign language interpreter licenses under its broad authority free of charge. This will allow the Board of Sign Language Interpreters (Board) time to adopt rules determining minimum qualifications for each license. Individuals holding a temporary sign language interpreter license must qualify for a permanent license and pay the required application and licensing fees by June 7, 2024, to continue to provide sign language interpreting services.

Important Information: Holding a temporary license under HLO does not guarantee that an individual will be granted a license under the Board.

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? No 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? No Yes - If yes, please list information below (add additional blank page if necessary):

State:	Lic./Cert./Reg. #:	Expiration:
State:	Lic./Cert./Reg. #:	Expiration:

Payment Information

No fees required for processing a temporary application or issuing a temporary license.

*Application Fee = \$0	License Fee = \$0	Total of \$0
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(Do not write in the following section – Office use only)

OTC Verified ID Type of ID: _____ Staff Initials _____

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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

**Temporary Licensure Information -
 Provisional Sign Language Interpreter**

Note: Any reference to the term “license” on this application means a temporary license issued by the Health Licensing Office.

Temporary license holders:

- A provisional sign language interpreter license holder may 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. Supervision can be done onsite or remotely, and a licensed provisional sign language interpreter may have more than one supervisor at a time.
- A provisional sign language interpreter license holder **may not** supervise any other person providing sign language interpreter services.
- A provisional sign language interpreter license holder **may not** provide sign language interpreter services in a medical setting.
- A provisional sign language interpreter license holder **may not** provide sign language interpreter services in a legal setting.
- A provisional sign language interpreter license holder **may not** provide sign language interpretation services in an educational setting without also holding an **educational** sign language interpreter license issued by the Health Licensing Office under [HB 2696 \(2023\), Section 5](#).
- A provisional sign language interpreter temporary license becomes invalid when one of the following occurs, whichever occurs first: June 8, 2024, or the HLO grants or denies the license holder a license under [HB 2696 \(2023\)](#).
- The provisional sign language interpreter temporary license **may not** be renewed.
- The issuance or the licensee’s holding of a provisional sign language interpreter license does not supersede, replace, or negate the need for the license to comply with other laws requiring licensure or registration, or competent sign language interpreter services.

Proposed Supervisor Information

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

SUPERVISOR LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
SUPERVISOR LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
SUPERVISOR LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
SUPERVISOR LAST NAME:	FIRST NAME:	MIDDLE INITIAL:

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 temporary license or by a person holding an active generalist sign language interpreter temporary license.

Applicant Signature:	Date:
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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).		
_____	<p>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.</p> <p>Submit your proposed supervisor(s) names under the "Proposed Supervisor Information" section on the previous page.</p>		
_____	Attest to being in compliance with a nationally recognized code of professional conduct, such as the code authored by the Registry of Interpreters for the Deaf (RID) and the National Association of the Deaf (NAD).		
_____	<p>Attest to holding a credential from one of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • EIPA Secondary PSE 3.5 or above • EIPA Secondary ASL 3.5 or above • American Sign Language Performance Interview four (4) or above • Sign Language Proficiency Interview score of Advanced or above </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • TBEI Basic Certificate • TBEI Level III Certificate • TBEI Level II Certificate • NAD Level III Certification • Center for the Assessment of Sign Language Interpretation Generalist Knowledge Exam </td> </tr> </table>	<ul style="list-style-type: none"> • EIPA Secondary PSE 3.5 or above • EIPA Secondary ASL 3.5 or above • American Sign Language Performance Interview four (4) or above • Sign Language Proficiency Interview score of Advanced or above 	<ul style="list-style-type: none"> • TBEI Basic Certificate • TBEI Level III Certificate • TBEI Level II Certificate • NAD Level III Certification • Center for the Assessment of Sign Language Interpretation Generalist Knowledge Exam
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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 four questions, this form will be returned to you and potentially cause a delay in the processing of the Authorization Application.
_____	If you <u>do not</u> have a social security number, have you signed and dated in section 5 on page two of this form? If you <u>do</u> have a social security number that you have provided on page one of this form, do not sign.
_____	Have you signed and dated section 6 on page two of this form? If you fail to sign and date this section, your form will be returned to you and will cause a delay in qualifying the temporary staffing agency for an authorization.
_____	<p>You have three options to submit your application and copies of your identification (submit your application only once):</p> <ol style="list-style-type: none"> 1. Email the application and copies of your identification to michael.a.brennan@oha.oregon.gov; or 2. Mail the application and copies of your identification to the Health Licensing Office. The address is listed at the top of this application; or 3. Bring the application and your identification to the Health Licensing Office. The address is listed at the top of this application.