

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER (RESTRICTED) LETTER OF RECOMMENDATION FORM

APPLICANT:
(Type or Print Name of Applicant)

The applicant named above has applied for licensure as a sign language interpreter in the State of Wisconsin. To assist the Department in reviewing the applicant's qualifications for licensure under Wisconsin Statutes, this recommendation form must be completed to demonstrate the following:

1. I have held national certification for at least five years.
2. I am a member in good standing of the Registry of Interpreters for the Deaf, Inc. or its successor.
3. I am recommending the applicant for a restricted sign language interpreter license.
4. I certify that the applicant has completed the following hours of mentoring:
____ Total Mentoring Hours
____ How many of the total mentoring hours involved observing professional work?
____ How many of the total mentoring hours involved observing certified deaf interpreters?
5. Recommendation: (You may attach a separate letter in lieu of completing this section.)

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6. The above information is being submitted by:

Name (Type or Print)		
Firm		
Title/Position		
Address		
City/State/Zip		
RID Certification #	Issued on	Expires on
National Certification #	Certifying Organization	Issued on
Day Phone		
Signature		Date

Please affix seal or
list type of profession and license number (if applicable)

I certify under penalty of perjury that these statements are true and correct to the best of my knowledge of the date of my signature, and that I have personally prepared this form, and if I become aware of information that would contradict my statements included with this submittal, I will promptly notify the board.

Signature

Date

RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE ENVELOPE SEAL.