LICENSE RENEWAL INSTRUCTIONS

Incomplete applications or missing documentation will delay processing of your renewal and could result in additional late fees.

Applications post-marked prior to **December 12th** will be processed on or before **December 31, 2016.**

- ✓ **Verify** that all licensure information on the **pre-populated** renewal form is correct**.** Please indicate changes directly on the application.
  - If you are requesting to **change your name**, you must submit proof of legal name change (i.e. copy of marriage license, divorce decree, or court order.)

- ✓ **Answer** all personal history information questions. Failure to answer all questions will result in your renewal being delayed or denied.

- ✓ If **upgrading** your proficiency level, you must include **proof of the new certification**. Failure to provide proof will result in your license being issued at the proficiency level on file.

- ✓ **Answer** all renewal requirement questions**.** This is a change from previous years. You no longer need to submit proof of accepted certification if you are not requesting an upgrade.
  - If you are requesting a waiver of the 2016 CE requirements, you must qualify for an **Extreme Hardship** and provide supporting documentation as required in Section 1515.80(g) of the Interpreter Licensure Rules. This request must be submitted in writing *prior to your current license expiring.*

- ✓ **Sign and Submit to IDHHC.** This form can be submitted electronically to dhh.interpreter@illinois.gov.

- ✓ **Submit** the required **$150** renewal fee must be in the form of check or money order payable to IDHHC or paid online using Visa, MasterCard or Discover at https://www.epayillinois.com/Home/ShowSiteLandingPage/6497
  - Applications postmarked after December 31, 2016, must include an additional late fee of $60.
  - Applications postmarked after February 15, 2017, must contact IDHHC to apply for restoration.

If you are no longer providing interpreting services, you should request to place your license on **INACTIVE STATUS. This will prevent lapsed fees from accumulating if you decide to reinstate your license in the future. Please review Sections 1515.110 & 1515.120 of the Interpreter Licensure Rules and download the REQUEST TO UPDATE INFORMATION form at https://www.illinois.gov/idhhc/licensure/Pages/Licensure.aspx

ILLINOIS DEAF AND HARD OF HEARING COMMISSION

528 South 5th Street, Suite 209, Springfield, IL 62701
217/557-4495 (V/TTY) ❋ 217/303-8010 (VP) ❋ www.idhhc.illinois.gov

2017 License Renewal Application for Sign Language Interpreters

LICENSEE INFORMATION– Please note any changes below.		
Name	License #	Expiration
Address		
Phone	Email	
I agree to accept correspondence from IDHHC via email. I understand IDHHC will not send hard copy via US mail.		☐ Yes ☐ No

PERSONAL HISTORY INFORMATION	
1. Since the issuance of your license, have you been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under $500). If yes, attach a detailed explanation including supporting documentation.	☐ Yes ☐ No
2 Since the issuance of your license, have you ever held or applied for a license, certification, registration, or permit for interpreting in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntary surrendered under any circumstances?	☐ Yes ☐ No
3. Since the issuance of your license, have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? If yes, what offense (send supporting documentation) and please explain.	☐ Yes ☐ No
4. Are you more than 30 days delinquent in complying with a child support order? (If you are **NOT** subject to a child support order, answer "**NO**")	☐ Yes ☐ No

PROFICIENCY LEVEL – Proof of new certification is required.	
Are you requesting a change in Proficiency Level? If yes, you must include **proof of the new certification in order to upgrade your License**.	☐ Yes ☐ No

RENEWAL REQUIREMENTS	
I have **satisfied** the continuing education requirements for renewal of my license pursuant to Section 1515.80 of the Interpreter Licensure Rules.	☐ Yes ☐ No
I have **maintained** my accepted certification on file as required pursuant to Section 1515.50 of the Interpreter Licensure Rules. (Do **not** submit proof of certification.)	☐ Yes ☐ No

CERTIFYING STATEMENT

I understand that if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. All **FEES ARE NOT REFUNDABLE**. Therefore, I declare that I have examined this form and to the best of my knowledge, they are true, correct, and complete. My signature below also verifies I have read Section 1515.80 of the *Interpreter for the Deaf Licensure Act of 2007*(Act) and am in full compliance with the Act and its rules.

_____ _____

Signature of Applicant Date

My signature above authorizes the Illinois Deaf and Hard of Hearing Commission to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.