IDHHC

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

Licensure RESTORATION Application for Sign Language Interpreters

In order for your restoration application to be complete, you must submit the following:

1. Copy of current certification;
2. Proof of completion of 20 CE hours during the 2 years prior to submitting the restoration application;
3. $75 restoration fee unless restoring from inactive status;
4. All lapsed renewal fees; and
5. If license expired more than 5 years ago, you must include one of the following:
   a. Sworn evidence of active practice in another jurisdiction;
   b. An affidavit attesting to military service as provided in Section 80 of the Act; or
   c. Other proof acceptable to the Commission of the applicant's fitness to have the certificate restored.

VERIFICATION OF LICENSE INFORMATION			
Name		**License**	**Expiration Date**
Address		**Phone**	
City, State, Zip		**Email**	

☐ I wish to accept correspondence from IDHCC via email. I understand IDHHC will not send hard copy via US mail.

PERSONAL HISTORY INFORMATION	Yes	No
1. Since the expiration 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.		
2 Since the expiration 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?		
3. Since the expiration 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.		

CHILD SUPPORT INFORMATION

Are you more than 30 days delinquent in complying with a child support order? ☐ Yes ☐ No

(Note: If you are not subject to a child support order, answer "No." Failure to answer will cause delays in processing.)

CERTIFYING STATEMENT

I understand that if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. ***I also understand that FEES ARE NON-REFUNDABLE***. Therefore, I declare that I have examined this form and to the best of my knowledge, they are true, correct, and complete.

_____ _____

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.