



For Division Use Only

Application Received: _____

DB _____

E _____

M/MH _____

L _____

Application Processed: _____

MICHIGAN ENDORSEMENTS APPLICATION FORM

APPLICANT INFORMATION

You are responsible for notifying the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, of changes in contact information after your initial applications for Endorsements. Failure to update changes and subsequent failure to receive information does not exempt you from any liability under the Michigan Deaf Persons' Interpreter Act.

NAME (First, Middle, Last)

Please list previous names used (include any names by which you have been legally known and/or practiced professionally)

ADDRESS (Street Number and Street Name) COUNTY (Michigan residents only)

CITY

STATE

ZIP

PRIMARY PHONE (Required)

E-MAIL ADDRESS (Required)

MICHIGAN EDUCATION DEGREE REQUIREMENTS (R 393.031)

Please note that Michigan requires proof of Associate's Degree or higher in any field from an accredited institution effective July 7, 2018.*

*Interpreters with valid national or state credentials will be exempt from the degree requirements if they received their Michigan certification prior to July 7, 2014 unless that certification lapsed for more than 30 calendar days.

ENDORSEMENT INFORMATION

Check which Michigan Endorsement you are applying for. The Initial Endorsement Fee is \$20, and each additional Endorsement Fee is \$10.

DeafBlind

Educational

Medical/Mental
Health

Legal

<p>6.4(A) DeafBlind:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of valid Michigan certification; and <input type="checkbox"/> Proof of .08 CEUs (8 hours) earned within a 4 year credential cycle 	<p>6.4(B) Educational:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of valid Michigan certification; <input type="checkbox"/> 4.0 or higher EIPA performance score; <input type="checkbox"/> EIPA written test; <input type="checkbox"/> Proof of .08 (8 hours) CEUs earned within a 4 year credential cycle 	<p>6.4(D) Medical/Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of valid Michigan certification showing qualifications to work in Michigan Standards Level 2 or 3 settings; <input type="checkbox"/> Proof of Bachelor's Degree in any field; <input type="checkbox"/> Proof of 2.0 CEUs (20 hours) earned within a 4 year credential cycle; <input type="checkbox"/> Proof of English competency test; <input type="checkbox"/> Proof of completion of Skills Development Course 	<p>6.4(C) Legal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of valid Michigan certification showing qualifications to work in Michigan Standard Level 3 settings; <input type="checkbox"/> Proof of Bachelor's Degree in any field, or Associate's Degree in Interpreting, or High School Diploma; <input type="checkbox"/> Proof of 2.0 CEUs (20 hours) earned within a 4 year credential cycle; <input type="checkbox"/> Proof of completion of Court Orientation Training; <input type="checkbox"/> Proof of English Competency test; <input type="checkbox"/> Proof of completion of Skills Development course; <input type="checkbox"/> All documentation of legal interpreting/mentoring experience; <input type="checkbox"/> Four years post-initial certification interpreter experience
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SIGNATURE

I attest that all information provided in this application is accurate and true. I understand that my certificate is subject to suspension, revocation or cancellation.

Original Signature: _____

Date: _____

APPLICATION SUBMITTAL INSTRUCTIONS

Please send your application form, applicable fees (check or money order payable to the State of Michigan), and all supporting documentation through US Mail to:

Department of Licensing and Regulatory Affairs
 Bureau of Professional Licensing
 PO Box 30670
 Lansing MI 48909

BPLHelp@michigan.gov
 517-373-8068

Total fees enclosed: _____
 Initial Endorsement, \$20
 Additional Endorsement (DeafBlind) Add \$10
 Additional Endorsement (Educational) Add \$10
 Additional Endorsement (Medical/Mental Health) Add \$10
 Additional Endorsement (Legal) Add \$10