



ALABAMA LICENSURE BOARD FOR  
**Interpreters and Transliterators**

2777 Zelda Rd., Montgomery, AL 36106

Phone: (334) 277-8881

Fax: (334) 263-6115

## Apprentice Supervisor Affidavit

Apprentice Name (Please Print): \_\_\_\_\_  
Last First Middle

*The following section is to be completed by the Internship Supervisor:*

Name of Supervisor: \_\_\_\_\_  
(Print or Type) Last First Middle

Alabama License Number \_\_\_\_\_ Name of Program \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Internship: \_\_\_\_\_  
Name Address City State Zip

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_ have agreed to provide required and appropriate  
supervision to \_\_\_\_\_, Intern for the period starting  
\_\_\_\_\_ and ending \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total number of hours: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARIZATION

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_