



ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

603 Interstate Park Drive (36109), PO BOX 302633, Montgomery, AL 36130-2633 Phone: (334) 277-8881

Provisional (Non-Renewable) Permit Recommendation Form (3 required)

_____	_____
Applicant Name	Certified/Licensed Interpreter
_____	_____
Address	License Number
_____	_____
City/State/Zip	Contact Number

Written Exam Type & Date: _____
(Completed or Expected Date)

Performance Test Type & Date: _____
(Completed or Expected Date)

The Code of Professional Conduct has been reviewed with me by this licensed interpreter.	
_____	_____
Applicant's Signature	Certified/Licensed Interpreter's Signature

Describe candidate's interpreting skill level and knowledge of the Code of Professional Conduct.

I affirm the above named candidate is prepared to provide interpreting services in limited situations with a Non-Renewable Provisional Permit, as allowed by state law. In making this recommendation, I affirm the candidate should have the ability to attain the credentials necessary to receive a Renewable Permit or License within one year of this dated recommendation.

Signature of Licensed Interpreter

Date



Non-Renewable Provisional (NRPP) Recommendation Form

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The following topics have been discussed with me:

- ◆ The RID/NAD Code of Professional Conduct.
- ◆ How the Code of Professional Conduct applies to me in the interpreting profession.
- ◆ My responsibility to pass both a Code of Ethics/Knowledge test and a performance test, as approved by the Licensure Board, within one year of issuance of a Non-Renewable Provisional Permit.
- ◆ Because of potential delays in scheduling and receipt of results, I must be prepared to schedule both tests immediately.
- ◆ If I do not pass both tests, I understand that:
I will forfeit the Non-Renewable Provisional Permit when the year lapses.

I will not be able to provide interpreting services for pay until I have documentation required for attaining a Renewable Permit

Signature of candidate

Date

Certified/Licensed Interpreter

Date

SUBMIT THIS FORM WITH THE APPLICATION