



ILLINOIS DEAF AND HARD OF HEARING COMMISSION

528 South Fifth Street, Suite 209, Springfield, IL 62701
217/557-4495 (Voice) * 888/261-2698 (TTY) * 217/303-8010 (VP)
dhh.interpreter@illinois.gov



MENTEE APPLICATION

This form must be completed by the Mentee and submitted as part of the mentorship packet.

Mentee Name		Formerly known as	
Address			
City		State	Zip
Phone		Email	
IL Sign Language Interpreter License #		Proficiency Level	<input type="checkbox"/> Provisional <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Years of Interpreting Experience	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 - 9 years <input type="checkbox"/> 10 or more years		
1. Who is your mentor and how did you select her/him?			
Mentor Name:			
2. What is the nature of your relationship with the mentor?			
3. Have you been supervised by this mentor before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do you plan to request Illinois continuing education hours at the end of the mentorship? (IDHHC will not approve Illinois CE hours if you have submitted an RID Independent Study for <i>this</i> mentorship.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand I must be in full compliance with the *Interpreters for the Deaf Licensure Act of 2007* (225 ILCS 443/) including:

- I can only work one level above my current proficiency level and must be under the direct supervision of my mentor;
- I shall not replace a required team interpreter and shall not be compensated; and
- If the deaf or hard of hearing consumer does not consent, I will not provide interpreting services and will depart from the assignment unless the assignment is at a public venue.

Mentee Signature

Date