



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



MENTOR APPLICATION

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

Mentor Name		Formerly known as			
Address					
City		State		Zip	
Phone		Email			
IL Sign Language Interpreter License #		Proficiency Level	<input type="checkbox"/> Advanced <input type="checkbox"/> Master		
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 mentee?					
2. What is the nature of your relationship with the mentee?					
3. Have you supervised this mentee 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 cannot supervise more than two (2) mentees at one time;
- The mentee shall not replace a required team interpreter and shall not be compensated;
- I must obtain written consent from the client prior to the assignment and consent from the deaf or hard of hearing consumer at the start of the assignment;
- I must provide direct supervision as defined by the rules when the mentee is working outside of her or his proficiency level; and
- I maintain final responsibility for the accuracy of the interpretation and the performance of the mentee.

Mentor Signature

Date