



State of Utah
Department of Workforce Services
Utah State Office of Rehabilitation – Interpreter Program
**TEMPORARY (MENTORED) / OUT-OF-STATE (EMERGENCY) PERMIT
EMPLOYER APPLICATION**

Part 1:

Agency/Company Name: _____ Date: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Contact Email: _____ Contact Phone: _____

Temporary (Mentored) / Out-of-State (Emergency) Permit Requested for: _____

Temporary permits are intended as a short-term solution to extraordinary circumstances. A temporary permit may be issued when both of the following contentions exist:

- Lack of necessary available interpreting services in any area of community of the state;
- Lack of services might be reasonably considered to materially jeopardize compliance with state or federal law.

See <https://jobs.utah.gov/usor/uip/uippolicyprocedure.pdf> for more information.

Part 2:

1. Has this interpreter ever held an interpreting credential recognized by Utah or another state? (Please attach a copy of the credential to this application) Yes No

State: _____ Credential: _____

2. Is the credential currently valid? Yes No

3. Did the interpreter recently move to Utah? Yes No

If yes, when? _____

Part 3:

1. Describe what has been done to recruit and/or hire a certified interpreter including salary/wage information. Attach any necessary documentation of recruitment efforts (job announcement, location of announcements, etc.)

2. Explain how not having a Temporary Permit interpreter jeopardizes compliance with State or Federal law.

3. Describe the type of interpreting the candidate will be expected to perform:

a. Type of Assignment (meetings, job training, education, etc.)

b. Setting (Small group, large group, one-on-one, classroom etc.)

c. Age group (elementary, secondary, all etc.)

4. Describe how you will limit interpreting assignments based on the sensitivity of the situation, complexity of information, and ability to control the flow of information:

5. Describe in detail what support you will provide to the interpreter to support them in following their professional development plan and achieving certification as soon as possible (include information such as mentoring, required workshops/deliberate practice, observation hours, etc.):

Part 4:

I acknowledge the requesting agency is responsible for payment of the application fee. I acknowledge that if this permit is granted, it is on a contractual basis, based on the answers in this application, the approved interpreter's professional development plan, and any additional requirements given as a condition of the permit. This permit may be revoked at any time if the expectations agreed upon are not met.

Authorized Employer Signature: /s/

Please submit the original copy of this form to UIP@utah.gov and make a copy for your records.

For UIP use only	
Date Received: _____	Payment Received: _____
<input type="checkbox"/> Approved	Type of Permit: <input type="checkbox"/> Temporary (Mentored)
<input type="checkbox"/> Denied	<input type="checkbox"/> Out of State (Emergency)

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.