

State of Nebraska
Nebraska Commission for the Deaf and Hard of Hearing
4600 Valley Road, Suite 420
Lincoln, NE 68510-4844

Form C2: Request for Extension of Provisional License
** This form is to be submitted with Forms C & C1*

Section A — Personal Information:

Legal Name: _____ Nebraska Interpreter License Number: _____

Section B — Eligibility Criteria for Extension:

If you have not completed the requirements necessary to apply for an Interpreter or Transliterators License and wish to apply for an extension of your current Provisional License, check applicable reason(s) for extension request below and provide the necessary documentation.

I am requesting an extension of my Provisional License due to one of the following extenuating circumstances:

I have served in the regular armed forces of the United States during part of the 12 months immediately preceding the license renewal date. *(Attach official documentation stating dates of service.)*

I have suffered a serious or disabling illness or physical disability which prevented me from attaining the certification(s)/assessment(s) required for licensure during the 12 months immediately after the issuing of the Provisional License. *(Attach a written statement from a treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to do the work necessary to achieve the certification(s)/assessment(s) required for licensure during that period.)*

I am requesting an extension of my Provisional License due to the inability to obtain the necessary certification(s)/assessment(s) required for a license to practice interpreting and/or transliterating for deaf or hard of hearing individuals in Nebraska. *(Applicants must 1) provide a written rationale for the requested extension and 2) enclose a revised Provisional License Written Plan (Form C1); making sure to detail the changes that have occurred since the original plan was written.)*

Other, please explain:

Section C - Certification of Applicant:

I, _____ (print name of licensee), depose and say that I am the person named making application and that I have completed this application; and that the information I have provided is true and correct to the best of my knowledge and belief.

Signature of Licensee

Date