



THE SUPREME COURT *of* OHIO

65 South Front Street Columbus, Ohio 43215-3431

CIE Form #9

APPLICATION FOR EXEMPTION FROM EDUCATIONAL REQUIRMENTS:

ILLNESS OR DISABILITY

Continuing Interpreter Education
Language Services Program

PLEASE PRINT.

1. List your name, address, telephone number, facsimile number, e-mail address, and interpreter registration number.

(Name)

(Street Address)

(City)

(State)

(Zip)

(Telephone)

(Facsimile)

(E-Mail Address)

(Interpreter CIE Number)

2. Provide the period for which you are requesting an exemption:

From _____ To _____
(Month/Day/Year) (Month/Day/Year)

3. Please explain how your illness or disability has prevented you from participating in CIE programs and activities during the exemption period listed in question 2, above. You may attach additional pages if necessary.
4. Attach supporting documentation from appropriate medical professional(s) confirming your illness or disability and how the illness or disability affects your ability to participate in CIE programs and activities during the exemption period listed in question 2, above.

List the medical authorities who are providing documentation in support of your Application for Exemption.

<u>Physician Name</u>	<u>Specialty</u>	<u>Phone Number</u>
_____	_____	_(____)_____
_____	_____	_(____)_____
_____	_____	_(____)_____

Certification

I understand that to be deemed complete my Application for Exemption from Education Requirements Based on Illness or Disability (“Application for Exemption”) must be submitted with supporting documentation as required in questions 3 and 4.

I understand that if my Application for Exemption is granted I am required to submit at the end of my biennial reporting period my final reporting transcript on which I will report my exempt status.

I understand that after my exemption ends, I will be required to comply with the educational and reporting requirements for interpreters in the state of Ohio.

I certify that the information provided in this Application for Exemption and the supporting documentation is true and accurate to the best of my knowledge.

(Signature)

(Date)

FOR CIE OFFICE USE ONLY

Approved

Denied

Date: _____

By _____

Reason Denied:

