

**Missouri State Committee of Interpreters
Instruction and Information Sheet**

For Mentorship Application

- 1. Who Must Complete this Form.** Both the Mentor Interpreter (the one providing the instruction) and the Mentee Interpreter (the one receiving the instruction) must fill out this form.
- 2. Where to Send the Completed Form.** The form and the appropriate fee must be sent to the State Committee of Interpreters, PO Box 1335, 3605 Missouri Blvd., Jefferson City, MO. 65102.
- 3. Applicant Data.** This area is for the Mentee Interpreter's information.
 - a.** Required information includes the name, address, telephone numbers, social security number, certification level and license number.
 - b.** All mentorships in which the mentee will participate during the time period outlined must be recorded. Example: from January to June, an interpreter will be a mentee with one mentor and from February to May, will be a mentee with a second mentor.
 - c.** If the mentorship plan includes practical experience where the mentee will interpret in a setting one level above the mentee's current certification level, then the mentee must check the "Yes" box and continue with the application. Example: an interpreter holding an Apprentice certification will receive practical experience interpreting in a situation requiring an Intermediate certification.
 - d.** If the mentee will **NOT** be interpreting one level above their current certification level, as per the mentorship plan, then check the "No" box and call the State Committee of Interpreters office. Do **not** continue with the application and do **not** submit the application or fee to the office of the State Committee of Interpreters. It is only necessary if you will be interpreting one skill level above your current level to file a Mentorship Application.
 - e.** The mentee's current resume must be submitted with the application.

4. **Mentor Data.** This area is for the Mentor Interpreter's Information
 - a. Required information includes the name, address, telephone numbers, social security number, certification level and license number.
 - b. Any experience/training the mentor interpreter has had that relates to being a mentor for this mentoring relationship.
 - c. All mentorships in which the mentor will participate during the time period outlined must be recorded. Example: from January to June, an interpreter will be a mentor with one mentee and from February to May, will be a mentor with a second mentee.
 - d. The mentor's current resume must be submitted with the application.
5. **Mentorship Goals.** The goals of the mentoring relationship must be outlined, in detail. If more space is needed, additional pages may be attached and submitted with the application.
 - a. Goal description example: "Improving voicing skills" is not a detailed goal description. "Expanding and understanding of different registers by improving the range of vocabulary for formal and academic registers" is a goal description that lends itself toward measurable activities.
 - b. Instructional activities example: Using the example above, a measurable activity might be that the mentee will "learn and practice using at least twenty new synonyms (appropriate to a formal or academic context) every three weeks for the duration of this mentoring relationship.
6. **Signatures.** Please make sure the signature section is completed and legible.
7. **Any questions, concerns or requests for clarifications should be made to the State Committee of Interpreter's office before the application and fee are submitted.**

Missouri State Committee of Interpreters
PO Box 1335
3605 Missouri Boulevard
Jefferson City, MO 65102
573-526-7787 office
573-526-0661 fax
interpreters@pr.mo.gov



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
MENTORSHIP APPLICATION

STATE COMMITTEE OF INTERPRETERS
 PO BOX 1335
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109
 TELEPHONE NUMBER 573-526-7787

APPLICATION FEE: \$10.00

APPLICANT DATA

MENTEE'S NAME (LAST, FIRST, MIDDLE, MAIDEN)		EMAIL ADDRESS
TELEPHONE NUMBER - HOME	TELEPHONE NUMBER - WORK	SOCIAL SECURITY NUMBER
MAILING ADDRESS		
CERTIFICATION LEVEL		LICENSE NUMBER

MENTORSHIPS: List all mentorships in which you will participate as a mentee, during the time period outlined in this application.

START DATE	END DATE	NAME OF MENTOR

START DATE OF CURRENT MENTORSHIP REQUEST

WILL THE MENTEE BE INTERPRETING IN ASSIGNMENTS ONE SKILL LEVEL ABOVE THE CERTIFICATION CURRENTLY HELD BY THE MENTEE?
 YES NO IF ANSWER IS NO PLEASE **STOP** AND CALL THE STATE COMMITTEE OF INTERPRETER'S OFFICE AT 573-526-7787.

THE MENTEE'S RESUME MUST BE SUBMITTED WITH THE MENTORSHIP APPLICATION.

MENTOR DATA

MENTOR'S NAME (LAST, FIRST, MIDDLE, MAIDEN)		EMAIL ADDRESS
TELEPHONE NUMBER - HOME	TELEPHONE NUMBER - WORK	SOCIAL SECURITY NUMBER
MAILING ADDRESS		
CERTIFICATION LEVEL		LICENSE NUMBER

EXPERIENCE (DESCRIBE ASL EXPERIENCE; LIST POST-SECONDARY AND IN-SERVICE TRAINING DIRECTLY RELATED TO INTERPRETING.)

MENTORSHIPS: List all mentorships for which you will act as mentor, during the time period outlined in this application.

START DATE	END DATE	NAME OF MENTEE

THE MENTOR'S RESUME MUST BE SUBMITTED WITH THE MENTORSHIP APPLICATION.

MENTORSHIP GOALS

START DATE	END DATE	ESTIMATED NUMBER OF HOURS	
GOAL # 1 - DESCRIPTION			
INSTRUCTIONAL ACTIVITIES			
METHODS OF EVALUATION			
START DATE	END DATE	ESTIMATED NUMBER OF HOURS	
GOAL # 2 - DESCRIPTION			
INSTRUCTIONAL ACTIVITIES			
METHODS OF EVALUATION			
START DATE	END DATE	ESTIMATED NUMBER OF HOURS	
GOAL # 3 - DESCRIPTION			
INSTRUCTIONAL ACTIVITIES			
METHODS OF EVALUATION			
MENTOR SIGNATURE	DATE	MENTEE SIGNATURE	DATE