## **Provisional License Discretionary Extension Request Form**

Instructions for completing this form: Please complete the entire form. This information will help the Licensure Review Committee (LRC) determine if your provisional license discretionary extension request can be granted. Submit this completed form along with your annual licensure renewal packet. Please note that all items indicating "required information" must be completed, incomplete forms will be returned.

Please be aware a complete renewal packet must be received before the LRC can review your extension request.

\*\*Handwritten requests will not be accepted. All requests must be typed.\*\*

| REQUIRED INFORMATION   |                            |  |  |  |
|--|----------------------------|--|--|--|
| Your Name  | Your NCITLB License Number |  |  |  |
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| REQUIRED INFORMATION   |                            |  |  |  |
| In the space provided please type an explanation as to why you are requesting an extension of your |                            |  |  |  |
| provisional license. If additional space is needed please submit a typed explanation on a separate |                            |  |  |  |
| sheet along with any supporting documentation. (350 words or less requested, but be complete even  |                            |  |  |  |
| if it means exceeding that requested limit)  |                            |  |  |  |
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| REQUIRED  | INFORMATION                  |                            |           |       |  |
|---|------------------------------|----------------------------|-----------|-------|--|
| Please list the mentor(s) that you are working with. The LRC <u>must receive</u> a confirmation letter from your mentor(s) with your extension request.   |                              |                            |           |       |  |
| Mentor's Name   | Mentor's Contact Information |                            |           |       |  |
|   |                              |                            |           |       |  |
| I have included the <u>required</u> letter(s) from my r<br>have been working together and detailed what y<br>this provisional extension request.  |                              |                            | YES       | NO    |  |
|   | INFORMATION                  |                            |           |       |  |
| What is your plan of action for the coming cycle<br>etc., that will help you to obtain full licensure)?   | e (Please list specific wor  | rkshops, trai              | ining cou | rses, |  |
| Workshop/Course Title   | Location                     | Date of<br>Workshop/Course |           | ırse  |  |
|   |                              |                            |           |       |  |
|   |                              |                            |           |       |  |
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|   |                              |                            |           |       |  |
|   |                              |                            |           |       |  |
| REQUIRED INFORMATION  |                              |                            |           |       |  |
| If you are working on specific interpreting skills please explain in the section below. If additional space is needed please submit a <u>typed</u> explanation on a separate sheet along with any supporting documentation. |                              |                            |           |       |  |
|   |                              |                            |           |       |  |
|   |                              |                            |           |       |  |
|   |                              |                            |           |       |  |
|   |                              |                            |           |       |  |
| REQUIRED INFORMATION  |                              |                            |           |       |  |
| Have you registered to take an exam to earn a   |                              |                            | NO        |       |  |
| certification?  | *YES                         |                            | NO        |       |  |

\*If yes, you must submit confirmation of your certifying exam registration.

| BOARD USE ONLY                |                           |  |
|-------------------------------|---------------------------|--|
| Extension Request Received: _ | Extension Request Number: |  |