This letter must be filled out by a licensed interpreter who holds either a gener Please print clearly!	ral or legal license.
Name of Applicant (Interpreter):	
Your full name (Mentor):	
AZ Interpreter License # (required):	
Telephone number:	
As a mentor, I will:	
Act as a mentor if the applicant is granted a provisional Class B license.	Initial Here
Observe the provisional licensee providing interpreting services at least	once a month.
	Initial Here
Provide feedback to the provisional licensee following each observation	Initial Here
Provide 30-days' notice to the provisional licensee and the Commission the mentoring relationship.	before terminating

CLASS B PROVISIONAL LETTER - MENTOR AGREEMENT

Signature

Date

## **IMPORTANT NOTICE:**

YOU MUST SEND THIS AGREEMENT FORM <u>DIRECTLY</u> TO THE COMMISSION. DO NOT GIVE TO THE APPLICANT.

Email completed form to <u>e.hassen@acdhh.az.gov</u> OR mail to:

Licensing and Certification Coordinator ACDHH 100 N. 15<sup>th</sup> Ave, Suite 104 Phoenix, AZ 85007

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