## SUPREME COURT OF PENNSYLVANIA Administrative Office of Pennsylvania Courts Interpreter Certification Program

## Foreign Language Registration Form

Please print clearly and provide <u>all</u> the information requested in order to register as a candidate for certification with the Pennsylvania Interpreter Certification Program. You <u>must</u> provide your SSN. Once we process your registration you will receive a confirmation email with further information about the program. The Interpreter Certification Program reserves the right to deny registration at its own discretion. Please return the completed form via US mail, FedEx, UPS or email to:

Interpreter Certification Program, Administrative Office of Pennsylvania Courts, 1515 Market Street, Suite 1414, Philadelphia, PA 19102 or <a href="mailto:interpreterprogram@pacourts.us">interpreterprogram@pacourts.us</a>

Name			
Mr./Mrs./Ms.	First	Middle or Initial	Last
Mailing Address _	Street Addre	sc .	Apt. #
			•
City		State	Zip Code
County		SSN	
Business Phone _		Mobile Phone	Fax #
E-Mail			
Language and exp	<u>oerience</u>		
Language(s) in wh	nich you wish to	be certified: 1.	2
Interpreter certifi	cations you hol	d:	
Do you currently	work as an inte	rpreter? □No □Yes Years of i	interpreting experience
Have you worked	in court? □N	o □Yes Which courts?	Years/Months
Education (please	check the <u>highes</u>	t degree you have achieved and fill in	the blank, if applicable)
☐ High School Diploma		☐ Technical School	
☐ Bachelor's		Field  Professional Certificate	
_	Major		Туре
☐ Master's	Major	☐ Other (specify):	
□ Ph.D		<u> </u>	
	Major		
Do not write below this lin	e-Office use only.		
Date Stamp		Language	
		Registration date	
		Classification	
		Entered into CRM by	
		Fmail cont	