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

## **Sign 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. Interpreter Certification Program reserves the right to deny registration at its own discretion. Please return the completed form <u>via US</u> mail, FedEx, UPS or email to: Interpreter Certification Program, Administrative Office of Pennsylvania Courts, 1515 Market Street, Suite 1414, Philadelphia, PA 19102 or Interpreterprogram@pacourts.us

Name			
Mr./Mrs./Ms.	First	Middle or Initial	Last
Mailing Address			
	Street Address	S	Apt. #
City		State	Zip Code
County		SSN	
Business Phone		Mobile Phone	Fax #
E-Mail			
Language and exp	<u>perience</u>	Language in which you wis	h to be certified: <u>American Sign Languag</u> e
RID, NAD or BEI	certificates you	hold:	
Are you registered	l with ODHH ar	nd in compliance with ACT 57?	□ Yes □ No
		_	
Do you perform de	eaf/blind tactile	interpretation? □ Yes □ No	
Do you currently v	work as an inter	preter? 🗆 No 🗆 Yes Yes	ars of interpreting experience
		-	Years/Month
Education (please of	check the <u>highest</u>	degree you have achieved and fill	in the blank, if applicable)
🗆 High School Diploma		Technical School	
🗆 Bachelor's 🔄		🗆 Professional Cert	Field
	Major	☐ Other (specify):	
	Major	_ U Other (spechy):_	
□ Ph.D	Major	-	
Do not write below this lin	e-Office use only		
Date Stamp		Language	
		Registration date	
		Classification	
		Entered into CRM by	
		Email sent	