

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

Sign Language Registration Form

Please print clearly and provide all the information requested in order to register as a candidate for certification with the Pennsylvania Interpreter Certification Program. You must provide your SSN. Once we process your registration we will contact you with further information about the certification program. Please return the completed form via US mail, FedEx or UPS only to: Interpreter Certification Program, Administrative Office of Pennsylvania Courts, 1515 Market Street, Suite 1414, Philadelphia, PA 19102.

Name _____
Mr./Mrs./Ms. First M.I. Last

Mailing Address _____
Street Address Apt. #

City _____ **State** _____ **Zip Code** _____

County _____ **SSN** _____ - _____ - _____

Business Phone _____ **Mobile Phone** _____ **Fax #** _____

E-Mail _____

Language and experience ➤ **Language in which you wish to be certified:** _____

RID or NAD certificates you hold: _____

Are you registered with ODHH and in compliance with ACT 57? Yes No

Do you currently work as an interpreter? No Yes Years of experience you have _____
Years/Months

Have you worked in court? No Yes Which courts? _____

Do you work for an agency? No Yes Agency name: _____

Agency phone: _____ Agency e-mail: _____

Education (please check the highest degree you have achieved and fill in the blank, if applicable)

- | | |
|--|---|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Technical School _____
<i>Field</i> |
| <input type="checkbox"/> Bachelor's _____
<i>Major</i> | <input type="checkbox"/> Professional Certificate _____
<i>Type</i> |
| <input type="checkbox"/> Master's _____
<i>Major</i> | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Ph.D. _____
<i>Major</i> | |

Do not write below this line-Office use only

Date Stamp

ID _____ **Active/Inactive** _____
Language _____
Registration date _____
Classification _____