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

Interpreter Information Update Form

Please print clearly and complete all blanks in the section(s) applicable to the type of information you wish to update in your file. **You must always complete Section 1**. Please mail or email the completed form to: *Interpreter Certification Program, Administrative Office of Pennsylvania Courts, 1515 Market Street, Suite 1414, Philadelphia, PA 19102 or Interpreterprogram@pacourts.us*.

---

1. Update address and contact information. *Please complete all blanks in this section even if there is no change from your previous information.*

Name _____
       Mr./Mrs./Ms.   First   Middle   Last

Mailing Address _____
             Street Address   Apt. #

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

Business Phone _____   **Mobile Phone** _____

E-Mail _____   **Fax** _____

---

2. Update preference with regard to how you wish to be contacted for work assignments.

☐ I wish to be contacted directly for work assignments.   ☐ I can be contacted directly or through my agency.

☐ I only wish to be contacted through the agency (or agencies) that I work for. (*Complete information below*)

---

3. Update agency affiliation. *Please list all current agencies you work for and include the requested information for each. If you only want to be contacted through an agency, make sure you check the correct box above.*

Agency 1: _____   Agency 2: _____

Phone(s): _____   Phone(s): _____

E-mail: _____   E-mail: _____

Manager or contact person: _____   Manager or contact person: _____

Agency 3: _____   Agency 4: _____

Phone(s): _____   Phone(s): _____

E-mail: _____   E-mail: _____

Manager or contact person: _____   Manager or contact person: _____

---

4. Update your availability information. *Please indicate the days, hours, and locations which you are willing to work. Choose as many as apply.*

---

1. Time & Day

Anytime (24/7) ☐   Mon-Fri 9am-5pm ☐   Mon-Fri 5pm-12am ☐   Mon-Fri 12am-9am ☐

Sat-Sun 9am-5pm ☐   Sat-Sun 5pm-12am ☐   Sat-Sun 12am-9am ☐   Other _____

Are you available to provide services via video or phone during the times indicate above?   Yes ☐   No ☐

<u>Sign Language interpreters only</u>:
Are you available to provide services by video phone/relay during the times indicated above?   Yes   No
Do you perform deaf/blind tactile interpreting?   Yes ☐   No ☐

2. Locations   *(<u>If you only wish to work within a specific county or counties skip this section and complete section 3 below</u>)*:

In which of the following geographical areas of Pennsylvania are you available to provide services?
(*See attached map for a definition of the regions*)

Statewide ☐   Southeastern ☐   Northeastern ☐   South-Central ☐   North-Central ☐

Southwestern ☐   Northwestern ☐   Central ☐   Eastern ☐   Western ☐

3. Specific location, counties or areas only (*Please be specific. <u>Do not use if you completed section 2 above</u>*):

If you only wish to work within a specific number of counties, please list them below in order of preference:

_____

_____

---

5. Update educational information. *Please indicate the <u>highest</u> educational level you have achieved and fill in the blank if applicable.*

☐ **High School Diploma**   ☐ **Technical School** _____
                                                                             Field

☐ **Bachelor's**   _____   ☐ **Professional Certificate** _____
                     Major   *Type*

☐ **Master's**   _____   ☐ **Other (specify):**_____
                     Major

☐ **Ph.D.**   _____
                     Major

If you have completed any other seminar, workshop, program or training specific or relevant to the development of your interpreter skills, please describe it below and include the name, subject, date, and sponsoring organization or institution.

_____

_____

_____

---

6. Update your working language(s). *List the languages you currently interpret in. If you are adding a language, please remember you will be classified and must be certified for each language you interpret according to program guidelines. List all languages in order of expertise.*

Languages you currently interpret:

1. _____   **2.** _____   **3.** _____

---

7. Accreditation update (Sign language interpreters only). *If you have completed additional skills certificates or levels of certification, please indicate your most recent level of accreditation, completion date, and attach a copy of the certificate and your RID identification card. Also include a printout of your ODHH registration profile.*

Issuing entity: _____ (RID, NAD, BEI, other)   **Date issued:** _____

Type of document: ☐ Letter   ☐ Certificate   ☐ Member Card   **Expiration date:** _____

Type of certificate: _____ (BEI-CIC, CI/CT, CDI, CSC, CLIP-R, NIC, NAD 5, NAD 4, OTC, etc.)

Level: _____ (Written exam; entry, intermediate, advanced, superior, master, etc.)

Are you currently registered with ODHH and in compliance with Act 57?   ☐ Yes   ☐ No
(Please include a printout of your ODHH registration profile)

If no, explain: _____

_____

---

8. Signature, authorization and date. *By signing below you attest that all information provided is true and correct as of the date printed in this form. If you are updating your availability and contact information, you are also authorizing the Interpreter Certification Program to post and publish this information. You may revoke this authorization at any time by contacting the ICP. Please contact the program if you have any questions about the completion of this form.*

_____   _____
Interpreter Signature   *Date*

_____
Do not write below this line-Office use only

Date Received	**ID** _____	**Active/Inactive** ____-_____
	Language _____	**CRM updated by** _____
	Classification _____	
	Change date _____	

Interpreter Certification Program Pennsylvania Regional Map