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 you will receive a confirmation email with further information about the program. 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 Interpreterprogram@pacourts.us.**

Name _____ _____ _____ _____
Mr./Mrs./Ms. First Middle or Initial 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: American Sign Language**

RID, NAD or BEI certificates you hold: _____

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

Do you perform deaf/blind tactile interpretation? ☐ **Yes** ☐ **No**

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

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

Do you work for an interpreting 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)

☐ **High School Diploma**

☐ **Technical School** _____
Field

☐ **Bachelor's** _____
Major

☐ **Professional Certificate** _____
Type

☐ **Master's** _____
Major

☐ **Other (specify):** _____

☐ **Ph.D.** _____
Major

Do not write below this line-Office use only

Date Stamp

Language _____

Active/Inactive _____

Registration date _____

Classification _____

Email sent _____

Entered into CRM by _____