

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 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 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)

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