## SUPREME COURT OF PENNSYLVANIA

## Administrative Office of Pennsylvania Courts Interpreter Certification Program

## **Foreign 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. Please return the completed form <u>via US mail</u>, <u>FedEx. UPS or email</u> 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 Ad	dress	Apt. #	
City	State	Zip Code	
County	SSN	<del>-</del>	
Business Phone	Mobile Phone	Fax #	
E-Mail			
Language and experience			
Language(s) in which you wish	to be certified: 1	2	
Interpreter certifications you h	old:		
Do you currently work as an in	terpreter?	interpreting experience	
	No ☐ Yes Which courts?	Years/Months	
•	g agency? □ No □ Yes Agency na		
•	Agency e-mail:		
Education (please check the <u>hig</u>	hest degree you have achieved and fill in	the blank, if applicable)	
☐ High School Diploma	☐ Technical School		
☐ Bachelor's	Professional Certific	Field ate	
Major □ Master's	□ Other (specify):	Type	
<i>Major</i> □ <b>Ph.D.</b>	( <b>-</b>		
Major			
Do not write below this line-Office use only			
Date Stamp	Language	Active/Inactive	
	Registration date		
	Classification		
	Entered into CDM by		