

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

**Foreign Language Registration Form**

Please print clearly and provide all the information requested in order to be included in the list of candidates 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 process. Please return the completed form via US mail, FedEx or UPS only to: **Administrative Office of Pennsylvania Courts, Interpreter Certification Program, 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(s) in which you wish to be certified:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Interpreter certifications you hold:** \_\_\_\_\_

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

Do not write below this line-Office use only

Date Stamp
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**ID** \_\_\_\_\_ **Active/Inactive** \_\_\_\_\_  
**Language** \_\_\_\_\_  
**Registration date** \_\_\_\_\_  
**Classification** \_\_\_\_\_