Supreme Court of Pennsylvania
Administrative Office of Pennsylvania Courts
Interpreter Certification Program

2009 Written Examination Registration Form

Contact and identification information - Please print clearly and legibly throughout this form. Print your name as it appears on the ID document you will be using for verification purposes. Do not leave any fields blank in this section.

Name _____
Mr./Mrs./Ms. First M.I. Last

Mailing Address _____
Street Address Apt. #

City _____ **State** _____

County _____ **Zip Code** _____

Business Phone _____ **Mobile Phone** _____

E-Mail _____ **SSN** _____-_____-_____

Written exam dates, location, times and registration deadlines - Please indicate your first and second choice of dates and times. Each session is limited to 50 examinees. Registrations will be processed in the order in which they are received. If your choices cannot be accommodated we will contact you. An e-mail acknowledging receipt of the registration and payment will be sent upon receipt. After the closing date, a confirmation letter will be mailed with directions to the test site.

Date	**Location**	**Registration Deadline**
March 6, 2009	Philadelphia	February 13, 2009
June 26, 2009	Harrisburg	June 5, 2009
August 7, 2009	Philadelphia/Pittsburgh	July 17, 2009
October 16, 2009	Philadelphia	September 25, 2009

First choice: _____ ☐ **AM** (8am-12pm) ☐ **PM** (1pm-5pm)
Date Location

Second choice: _____ ☐ **AM** (8am-12pm) ☐ **PM** (1pm-5pm)
Date Location

Foreign Language Assessment - Please indicate the language in which you will take the language assessment. Candidates are advised to take the language assessment in the language in which they are most fluent first. If no full or partial oral exam exists in any of a candidate's working languages, they do not have to take the language assessment. Sign language interpreters are exempt from taking the foreign language assessment.

I will take the foreign language assessment in _____ (List only one language)**.**

Payment information - The written exam fee is $50 for Pennsylvania residents and $75 for non-residents. **The registration form and payment must be received by the registration deadline for the earliest choice of testing date you select.** A $25 fee will be assessed for returned checks. An e-mail acknowledging receipt of the registration will be sent to you upon receipt. After the closing date, a confirmation letter will be mailed to you with information and directions to the test site. There will be no changes, cancellations, or refunds after the confirmation letter is mailed, or if you fail to take the test on the assigned date.

Form of payment: Check ☐ **Money Order** ☐

Please make your check or money order payable to:
Administrative Office of Pennsylvania Courts

Please mail your registration form and payment to:
Interpreter Certification Program
Administrative Office of Pennsylvania Courts
1515 Market Street, Suite 1414
Philadelphia, PA 19102

Accommodation - If you require special accommodation because of an ADA recognized disability, please complete and return the Request for Accommodation and Documentation of Accommodation forms with your registration. You may obtain these forms from the website. Every effort will be made to comply with reasonable requests.