

**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 we will contact you with further information about the certification program. Please return the completed form via US mail, FedEx or UPS only to: Interpreter Certification Program, Administrative Office of Pennsylvania Courts, 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 in which you wish to be certified:** \_\_\_\_\_

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

Do not write below this line-Office use only

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