



State of Mississippi
Administrative Office of Courts
Court Interpreter Credentialing Program

Application to Pursue Court Interpreter Certification

TYPE or PRINT this Application in its entirety and return it along with the \$100 non-refundable application fee (payable to AOC) to:

Administrative Office of Courts
Court Interpreter Credentialing Program
Post Office Box 117
Jackson, Mississippi 39205

Name: _____
Last First Middle (Maiden)

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Mailing Address: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

E-mail Address (required): _____

Education: _____

Language(s): I wish to pursue certification to interpret the following language(s):
1. _____ 2. _____ 3. _____

Please attach separate sheet if additional space needed for any of the following questions:

Have you ever been convicted of a felony? Yes ___ No ___
If yes, please give the crime(s) for which you were found guilty or pled guilty to, the jurisdiction, the date of conviction(s), and circumstances surrounding the incident(s):

Have you ever been convicted of a misdemeanor, other than a traffic violation? Yes ___ No ___
If yes, please give the crime(s) for which you were found guilty or pled guilty to, the jurisdiction, the date of conviction(s), and circumstances surrounding the incident(s):

Do you have a legal right to live and work in the United States? Yes ___ No ___

Are you certified or do you hold any federal interpreting credentials? Yes ___ No ___

Are you certified or do you hold any state interpreting credentials? Yes ___ No ___

If yes, please list the states and the dates you were credentialed: _____

(If applying for reciprocity, please fill out and return the **Application for Reciprocity** in addition to this form.)

Have you been denied certification or any federal or state interpreting credentials? Yes____ No____

If yes, please list states and reason for denial:

Have you ever been disciplined for violating any code of ethics for interpretation? Yes____ No____

If yes, please explain:

The information I have provided in this application is true and correct to the best of my knowledge. I hereby authorize the courts to conduct a thorough background check including but not limited to references, employment record, and criminal record. I understand that all information will be kept confidential and released only to authorized individuals. I also understand that any falsification of data on my part will result in disqualification to interpret in the Mississippi Courts. I hereby release the courts from any civil or criminal liability arising from my background check.

Date

Signature of Applicant

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

*This application must be completed and returned, along with payment of the application fee, to the Administrative Office of Courts BEFORE you will be allowed to register for the written examination.