



ADMINISTRATIVE OFFICE OF COURTS  
COURT INTERPRETER CREDENTIALING PROGRAM

**APPLICATION FOR RECIPROCITY**

Name \_\_\_\_\_  
Last Name First Name Middle (Maiden)

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Are you currently credentialed in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give the name of the state(s), the year(s) first credentialed, and the language(s) in which you are credentialed.

State \_\_\_\_\_ Year First Credentialed \_\_\_\_\_ Language \_\_\_\_\_

State \_\_\_\_\_ Year First Credentialed \_\_\_\_\_ Language \_\_\_\_\_

**I attended an approved two-day or 14-hour ethics and skill building workshop (orientation):**

Date(s)	State(s)

**I passed an approved criterion-referenced written examination with a score of 80% or higher:**

Date(s)	State(s)	Score(s)

**I have either passed or earned the following scores on the oral performance examination:**

Date(s)	State(s)	Language(s)	Sight	Consecutive	Simultaneous

The information I have provided in this application for reciprocity 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

Please submit your Application for Reciprocity and your Application to Pursue Court Interpreter Certification in Mississippi along with a \$200.00 reciprocity application fee made payable to the Administrative Office of Courts in the form of a check or money order. All requested supporting documentation must be sent to the AOC from the credentialing entity.

Administrative Office of Courts  
Court Interpreter Credentialing Program  
P.O. Box 117  
Jackson, MS 39205  
(601) 359-3470  
Facsimile: (601) 576-4639

**PLEASE NOTE THAT APPLICATIONS FOR RECIPROCITY ARE CONSIDERED ON A CASE-BY-CASE BASIS AND THAT THE ADMINISTRATIVE OFFICE OF COURTS MAY REQUIRE ADDITIONAL STEPS TO BECOMING A CREDENTIALLED COURT INTERPRETER.**