



# COURT INTERPRETER CREDENTIALING PROGRAM

## RENEWAL APPLICATION

For Office Use Only:
Date Received: _____
Received by: _____
Amount Received: _____

*PLEASE PRINT THE REQUESTED INFORMATION.*

Name: \_\_\_\_\_ Interpreter Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### COURT INTERPRETER EDUCATION (CIE) VERIFICATION:

List below the Continuing Interpreter Education (CIE) courses you have taken to meet the CIE requirements of Section 4 of the Mississippi Court Interpreter Manual. If more space is needed, please use the reverse side. Attach documentation of attending the courses to this renewal application.

COURSE TITLE	DATES	NUMBER OF HOURS	
		GENERAL CONTINUING EDUCATION	FOREIGN LANGUAGE/INTERPRETING SKILLS TRAINING
TOTAL			

TOTAL CIE HOURS EARNED	
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**BACKGROUND VERIFICATION:**

- 1. Have you been removed from a case? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain when and circumstances for removal. \_\_\_\_\_  
\_\_\_\_\_
  
- 2. Have you been convicted of a crime since completing your credentialing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain when and the circumstances surrounding your conviction. \_\_\_\_\_  
\_\_\_\_\_

**CITIZENSHIP STATUS:**

I certify that I am: \_\_\_\_\_ a United States citizen.  
\_\_\_\_\_ legally permitted to work and remain in the United States.

\*\*\*\*\* If you are not a United States citizen but you are legally permitted to work in the United States, you are required to notify the Administrative Office of Courts within three (3) business days if your status changes. Failure to do so may result in revocation of your credentials.

I, \_\_\_\_\_, do hereby swear or affirm that the information I have provided is accurate and complete.  
(Print your full name.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please remit the \$100.00 renewal fee, made payable to the Administrative Office of Courts, along with the completed application to:  
  
Administrative Office of Courts  
Court Interpreter Credentialing Program  
Post Office Box 117  
Jackson, Mississippi 39205