



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
Attention: Deenie Miller
P.O. Box 117
Jackson, MS 39205
(601) 359-4469
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.