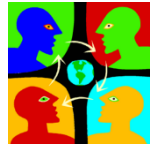


WISCONSIN COURT INTERPRETER PROGRAM

Application for Reciprocity and Roster Status: Sign Language



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Instructions: Sign language interpreters applying for reciprocity and appearance on the Roster of Court Interpreters for Wisconsin at the Certified Level must use this form. Complete Part I, submit the required documents outlined in Part II including Supplement A, and sign and date the Acknowledgement in Part III. Return this form with all supporting materials to the CIP via US mail, email, or fax. You will be notified by email if your application has been approved.

PART I. APPLICANT INFORMATION										
I hold certification from the following entity:		<input type="checkbox"/> RID (<i>specify</i>):			<input type="checkbox"/> BEI (<i>specify</i>):			<input type="checkbox"/> Other (<i>specify</i>):		
Last Name:			First Name:			Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/>
Street Address:						Apartment/Unit #:				
City:				State:		Zip:				
DOB:		E-mail Address:				Agency (<i>if applicable</i>):				
Work Phone:			Cell Phone:			Home/Other Phone:				
Indicate which judicial district(s) you are willing to work below; for a map see: http://www.wicourts.gov/courts/offices/map.htm										
<input type="checkbox"/> All districts OR indicate specific districts: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th										
Do you hold a sign language interpreter license with the Wisconsin Department of Safety and Professional Services?						<input type="checkbox"/> No <input type="checkbox"/> Yes, provide license number & type:				
Do you hold any other license or credential from another state or jurisdiction?						<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>specify</i>)				
Have you ever been disciplined for an ethical violation by any entity or state which conferred or recognized your certification?						<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide details of the discipline below and attach additional pages if necessary.				
Details of disciplinary action such as dates, disposition, people involved, etc.										

PART II. CHECKLIST OF SUPPORTING DOCUMENTS TO SUBMIT WITH APPLICATION
<input type="checkbox"/> Oath of Office form signed in front of a notary public.
<input type="checkbox"/> Proof of certified status from RID or BEI.
<input type="checkbox"/> Proof of compliance or maintenance with Continuing Education (CE) requirements from RID, BEI and/or other entity.
<input type="checkbox"/> Letter from the language access program from the state where you reside stating you are currently in good standing with all program requirements. This letter can be in the form of an email.

PART III. ACKNOWLEDGEMENT AND SIGNATURE
I understand the inclusion of my name on the Roster of Interpreters for Wisconsin means:
<ol style="list-style-type: none"> I am subject to the disciplinary policy established by the Wisconsin Director of State Courts Office for any conduct alleged to have been in violation of SCR 63: Code of Ethics for Court Interpreters. I must provide proof of compliance with CE requirements from RID (8 CEUs) at the end of my 4-year reporting cycle to the Wisconsin CIP; OR I must provide proof of compliance with CE requirements from BEI (10 CEUs) at the end of my 5-year reporting cycle to the Wisconsin CIP. I am required to maintain current contact information with the Wisconsin CIP. I authorize the Wisconsin CIP to perform a background check prior to reciprocity approval. I acknowledge that I am not an employee of the Wisconsin Court system.
I affirm that the information provided on this form is true and accurate to the best of my knowledge and memory.
Signature: _____ Date: _____