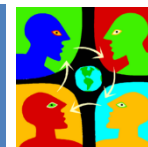


WISCONSIN COURT INTERPRETER PROGRAM
APPLICATION FOR RECIPROCITY AND ROSTER STATUS: SPOKEN LANGUAGE
 110 E MAIN STREET | SUITE #410 | MADISON WI 53703 | p (608) 266-8635 | e: alexandra.wirth@wicourts.gov



Instructions: Spoken language interpreters applying for reciprocity and appearance on the Roster of Court Interpreters for Wisconsin at the Certified Level must use this form. A non-refundable \$150 application fee must be paid to the CIP upon completion of this form. Complete Part I, submit the required documents outlined in Part II, and sign and date the Acknowledgement in Part III. Return this signed application form with all supporting materials to the CIP via US mail or email to Alexandra Wirth at alexandra.wirth@wicourts.gov. To pay for the application fee contact Amy Crowder: amy.crowder@wicourts.gov

PART I. APPLICANT INFORMATION									
I hold certification from the following entity or jurisdiction:				<input type="checkbox"/> US Admin. Office of the Courts		<input type="checkbox"/> State of		<input type="checkbox"/> Other:	
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 (if applicable):				
Work Phone:		Cell Phone:		Home/Other Phone:					
Language(s) in which you hold certification or in which you are registered :				Language 1:		Language 2:		Language 3:	
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									
Are you required to comply with continuing education credits?				<input type="checkbox"/> No <input type="checkbox"/> Yes, in the state of:					
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 (notarized)
<input type="checkbox"/> Proof of my oral test scores and/or certified status. If you are certified/registered in more than one language, you must provide your test scores and/or proof of certified/registered status for each language.
<input type="checkbox"/> Proof of compliance with Continuing Education (CE) requirements, if applicable.
<input type="checkbox"/> Letter from the language access program from the state that conferred your certification stating you are currently in good standing with all program requirements. If you hold certification from the US AOC, provide a letter from the language access program of the state in which you reside. This letter can be in the form of an email.
<input type="checkbox"/> Proof of attendance to the following sessions of the Wisconsin orientation for court interpreters: Overview of the Wisconsin Court System, Civil and Criminal Terminology, and Code of Ethics for Court Interpreters.

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. If the state in which I reside does not have a CE requirement, I must comply with Wisconsin's CE requirement; or if the state in which I reside has a CE requirement, I must provide proof of compliance 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: _____