WISCONSIN COURT INTERPRETER PROGRAM Application for Reciprocity and Roster Status: Sign Language



110 E Main Street | Suite #410 | Madison WI 53703 | p: (608) 266-8635 | e: alexandra.wirth@wicourts.gov | f: (608) 267-0911

Instructions: Spoken language interpreters applying for reciprocity and appearance on the Wisconsin Roster of Court Interpreters at the Certified Level must use this form. Upon completing Parts, I, II & III of this form, pay the non-refundable \$150 application fee on this link: https://www.wicourts.gov/services/payment/paymentcip.htm

Then, submit this signed application and e-mail supporting materials to Interpreter.info@wicourts.gov.

PART I. APPLICANT INFORMATION													
I hold certification from the following entity:			RIE	RID (specify):			BEI (specify):				Other (specify):		
Last		Firs					[
Street									Apartment/Unit				
City:				Sta			Zip:						
DOB:	E-mail Address:								Agency (if applicable):):		
Work Phone:	2:		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													
\square All districts OR indicate specific districts: \square 1 st \square 2 nd \square 3 rd \square 4 th \square 5 th \square 6 th \square 7 th \square 8 th \square 9 th \square 10 th													
Do you hold a sign language interpreter license with the Wisconsin Department of Safety and Professional Services?						☐ No ☐ Yes, provide license number & type:							
Do you hold any other license or credential from another state or jurisdiction?						☐ No ☐ Yes (specify)							
Have you ever been disciplined for an ethical violation by any entity or state which conferred or recognized your certification?						No 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. CHECK	IST OF REQUIREMENTS & SUPPORTING DOCUMENTS TO SUBMIT WITH
Proof of cerement Relay (Comparison Relay (Compa	e form signed in front of a notary public. ified status from RID (SC:L); BEI (CIC); BEI (Master); Conditional Legal Interpreting IP-R); Certified Deaf Interpreter icense from the Wisconsin Department of Safety and Professional Services (DSPS) pliance or maintenance with Continuing Education (CE) requirements from RID, BEI tity. he language access program from the state where you reside stating you are currently with all program requirements. This letter can be in the form of an email. ndance to the following sessions of the Wisconsin orientation for court interpreters: of the Wisconsin Court System Criminal Terminology e of Ethics for Court Interpreters
BEI (Master); C Record of C hours at the tir Record of C hours in a 5-ye *CDIs must cor	plete a minimum of 40 hours of court interpreting training and 10 initial hours of a practice under the supervision of a court certified interpreter to appear under the
PART III. ACKN	WLEDGEMENT AND SIGNATURE
I understand th	inclusion of my name on the Roster of Interpreters for Wisconsin means:
for any con 2. I must prov year report requiremer 3. If I qualify u credits that training even	to the disciplinary policy established by the Wisconsin Director of State Courts Office uct alleged to have been in violation of SCR 63: Code of Ethics for Court Interpreters. de proof of compliance with CE requirements from RID (8 CEUs) at the end of my 4-ng cycle to the Wisconsin CIP; OR I must provide proof of compliance with CE is from BEI (10 CEUs) at the end of my 5-year reporting cycle to the Wisconsin CIP. Inder Provisional status, I am required to comply with additional continuing education need to be reported directly to the Court Interpreter Program (1.6 CEUs in legally two years, due on Oct. 1).
I affirm that the and memory.	information provided on this form is true and accurate to the best of my knowledge
Signature:	Date: