


ARKANSAS SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
COURT INTERPRETER SERVICES

APPLICATION FOR RECIPROCITY

Complete this form in its entirety and return it to:

Administrative Office of the Courts
625 Marshall Street | Justice Building
Little Rock, AR 72201
Attn: Court Interpreter Services

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Mailing Address: _____

Contact Telephone: _____ Text?: (check one) Yes No

Email Address: _____

*Enclose a recent passport
photograph of yourself.*

Applicants must be 21 years of age.

Education: Attach documentation of graduation (copy of G.E.D. / High School Diploma / Post-Secondary Transcript)

Have you ever been convicted of a felony?..... Yes No

Have you ever been convicted of a misdemeanor? Other than a traffic violation?..... Yes No

If **yes** to either question, please explain on a separate sheet and attach to this form.

Do you have a legal right to live and work in the U.S.? (check one)..... Yes No

Are you currently employed by an Arkansas State Agency? (check one)..... Yes No

If yes, which agency? _____

Language(s): _____

Foreign Language Interpreters Only: (Check one) Certified Registered (Certification Not Available)

Are you currently court certified by the US Federal Courts or by a state that offers the NCSC Court Interpreter Oral Examination? (Check one) Yes No

If yes,

State: _____ Year Certified _____ Language(s) _____

Federal Certification(s): _____ Year Certified _____ Language(s) _____

Sign Language Interpreters Only: (Check one) Deaf Hearing

Certification(s): _____

RID Membership ID # _____

Please attach a current copy of your RID Membership Card.

Arkansas License # _____

FOREIGN LANGUAGE INTERPRETERS

If certified, please give your scores on the oral performance examination:

Date(s)	State (or Federal)	Language(s)	NCSC ID	Sight	Consecutive	Simultaneous

REGISTERED, CREDENTIAL OR CANDIDATE LEVEL

If you are not certified in a foreign language but are recognized as registered, credentialed, candidate or any other designation in your state please provide the following information.

Name of State(s) _____

Language(s) _____

Are currently working for state courts? Yes No

Do you have experience with telephone interpreting? Yes No

Do you have experience with Video Remote interpreting? Yes No

Have you attended and completed an orientation (two-day or 14-hour ethics and skill building workshop)?
Yes No

If yes, please provide the name of the state(s) and date(s) attended orientation or equivalent workshop.

State _____ Dates _____

State _____ Dates _____

Have you taken the 135 question (Consortium) NCSC written English multiple-choice examination?
Yes No

If yes, please provide the date(s) and score.

Date(s)	State	Total Score

Have you taken any type of oral language assessment (English or Foreign language)?
If yes, please indicate below which one and the score.

Date(s)	Oral Proficiency Interview (OPI / OPIc)	Language(s)	Score(s)

Date(s)	Written Translation Assessment	Language(s)	Score(s)

LANGUAGES WITHOUT AN NCSC CERTIFICATION EXAM

There are many languages for which a court certification examination has not been developed.

If there is no court certification that has been developed in the language you are interpreting into by Consortium/NCSC Oral Certificate Exam available for court interpreters or federal court exam, please provide information on other language exams or credentials including date(s) and score(s).

State _____ Date(s) _____ Score(s) _____

State _____ Date(s) _____ Score(s) _____

For languages that have no certification, please attach a short narrative outlining your background and education level in both English and your language of expertise.

SIGN LANGUAGE INTERPRETERS

Please attach a current copy of your RID Membership Card.
Please attach a copy of your Arkansas License.

If you do not hold an SC:L or BEI certification please provide the following information.

Name of State(s) _____

Are currently working for state courts? Yes No

Do you have legal interpreter training? Yes No

Name of State(s) _____

Name of workshop _____ Date of workshop _____

Have you attended and completed an orientation (two-day or 14-hour ethics and skill building workshop)?
Yes No

If yes, please give the name of the state(s) and date(s) attended orientation or equivalent workshop.

State _____ Dates _____

State _____ Dates _____

Have you taken the 135 question (Consortium) NCSC written English multiple-choice examination?
Yes No

Date(s)	State	Total Score

AUTHORIZATION

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 any falsification of data on my part will result in disqualification to interpret in Arkansas Courts. I hereby release the courts from any civil or criminal liability arising from my background check and from my work as a court interpreter.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

STATE OF _____

COUNTY OF _____

Notary Public

Signature of Applicant

My Commission Expires: _____