## 2017 Court Interpreter Training & Testing REGISTRATIONFORM

Name:						
Address:						
Address:  Street Address or P.O. Box, City, State, and Zip Code						
Phone Number:	E-mail:					
Please provide the following inf	formation to assist faculty:					
Language Pair:	Native Language:					
# Of years speaking foreign langu	age: # Of years speaking English:					
# Of years of education in foreign	language: # Of years of education in English:					
Have you ever worked as interpre	ter? ☐ No. ☐ Yes. If so, in what setting?					
Have you already taken the oral pe	erformance exam? ☐ No. ☐ Yes. If so, how many times?					
Have you passed portion(s) of the	exam? • No. • Yes. If so, which portion(s)?					
Are there any specific areas that y	ou would like to focus on?					
Comments for Instructor:						

Registering for	Program	Location	Registration Deadline	Class Starts	Tuition*
П	Skill-Building Workshop	Boise	06/03/17	06/27/17	\$50.00 in-state
					\$100.00 out-of-state
	Court Interpreter Oral	Online	Group 1: 01/06/17	01/17/17	\$250.00 in state
	Exam Preparation Course		Group 2: 06/03/17	07/10/17	\$500.00 out-of-state
	(8 weeks)				

<sup>\*</sup>All study materials are included with tuition costs.

Amount Enclosed: \$	
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Make checks payable to the *Idaho Supreme Court*. Please send check and registration form to the address below. Credit card payment is not accepted.

Language Access Office Administrative Office of the Courts Idaho Supreme Court P.O. Box 83720, Boise, Idaho 83720-0101

Registration form and **non-refundable** payment are due no later than the registration deadline. You will receive a confirmation letter and additional information in advance of the training. Please contact Sandra Barrios, Program Manager with any questions at (208) 947-7554 or <a href="mailto:sbarrios@idcourts.net">sbarrios@idcourts.net</a>.