

**2019 Court Interpreter Training & Testing**  
**REGISTRATION FORM**  
**Cycle I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address or P.O. Box, City, State, and Zip Code

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide the following information to assist faculty:**

Language Pair: \_\_\_\_\_ Native Language: \_\_\_\_\_

# Of years speaking foreign language: \_\_\_\_\_ # Of years speaking English: \_\_\_\_\_

# Of years of education in foreign language: \_\_\_\_\_ # Of years of education in English: \_\_\_\_\_

Have you ever worked as interpreter? ☐ No. ☐ Yes. If so, in what setting? \_\_\_\_\_

Have you already taken the oral performance 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 you would like to focus on? \_\_\_\_\_

Comments for Instructor: \_\_\_\_\_

I want to register for	Program	Location	Registration Deadline	Class Starts	Tuition (includes materials)
<input type="checkbox"/>	Skill-Building Workshop #1	Boise	06/03/19	06/14/19	\$30.00 in-state \$60.00 out-of-state
<input type="checkbox"/>	Skill-Building Workshop #2	Boise	06/03/19	07/12/19	\$30.00 in-state \$60.00 out-of-state

Amount Enclosed:

\$

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 the program manager with any questions at (208) 947-7554 or [acampbell@idcourts.net](mailto:acampbell@idcourts.net).