

2017 Court Interpreter Training & Testing REGISTRATION FORM Cycle II

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 | Boise | 12/15/17 | 01/06/18 | \$50.00 in-state \$100.00 out-of-state |
| <input type="checkbox"/> | Court Interpreter Oral Exam Prep Court (8weeks) | Online | 12/15/17 | 01/15/18 | \$250.00 in-state \$500.00 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 sbarrios@idcourts.net.