



OREGON JUDICIAL DEPARTMENT  
Court Language Access Services

**APPLICATION FOR THE OREGON CERTIFIED COURT INTERPRETER CREDENTIAL VIA RECIPROCITY**

	Please Return this form by mail to: Oregon Judicial Department Court Language Access Services 541 NE 20 <sup>th</sup> Ave #107 Portland, OR 97232
Name:	
Address:	
Home Phone Number	
Cell Phone Number	
Email Address:	
NCSC or FCICE Candidate ID Number:	
Applying for Reciprocity in the following language:	

Required Enclosures:

- Nonrefundable \$250.00 application fee
  - Check enclosed made payable to “The Office of the State Court Administrator”
  - Credit Card (we accept: Visa, MasterCard or Discover). Call (503) 731-3283
- Verification of good standing in another state
- Proof of passing the Oregon Ethics Examination
- LEDS Record Check
- Consent for Personal Information Release
- Documentation of 150 hours of interpreting services in courts of record in Oregon or Consortium member states, federal courts of record, or where the interpreter is sworn in and the record can be presented into evidence. Documentation can include billing statements, tax forms, or the enclosed “Interpreting Services Verification Form.”
- 1 standard-sized passport photograph (2” x 2”)

I, the undersigned, provide information in this application which is true and accurate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**LAW ENFORCEMENT DATA SYSTEMS (LEDS) RECORD CHECK**

Please provide your Social Security number, date of birth, full name and other names and aliases in the spaces below. Your Social Security number and other ID numbers provided will be used for a Law Enforcement Data Systems (LEDS) Record Check purposes only and will be destroyed after the criminal record check is completed. This information will never be sold or used for any other purpose than expressly represented here. The check is valid for three years.

If the LEDS Record Check returns a relevant criminal record, the CLAS Program Manager, as the State Court Administrator's designee, will notify you in writing. You will be given the option to respond to the CLAS Program Manager in writing within 14 calendar days. A written notice of the Program Manager's decision and any of the procedures for further review will be mailed to you.

**This form can also be completed online at <http://courts.oregon.gov/LEDS>**

Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_  
Last, First Middle Initial

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date \_\_\_\_\_

<b>(For Office Use Only)</b>	
LEDS authorized user: _____	
Date of Inquiry: _____	
Records found: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*(Please detach portion below dotted line and destroy upon completion of LEDS entry)*

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Social Security Number: \_\_\_\_\_

Business Tax ID Number or Federal Tax ID Number (If applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Other Names and Aliases: \_\_\_\_\_



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**CONSENT FOR PERSONAL INFORMATION RELEASE**

\_\_\_\_\_ (initials) I **DO** authorize the Oregon Judicial Department to place my name and contact information, which I have entered below, on the public Oregon Court Certified Interpreter Roster. I understand that this roster is a public online roster of interpreters certified by the state of Oregon.

or

\_\_\_\_\_ (initials) I do **NOT** authorize the Oregon Judicial Department to place my contact information, which I have entered below, on the public Oregon Court Certified Interpreter Roster. I understand my certification status and my contact information will continue to be listed on the OJD internal roster used for court assignments.

This form can also be completed online at <http://courts.oregon.gov/ROI>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Language(s) in which you are certified: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

(\_\_\_ check here if you have provided new contact information)

**Please return this form to:** Oregon Judicial Department  
Court Language Access Services  
541 NE 20<sup>th</sup> Ave #107  
Portland, OR 97232

INTERNAL USE ONLY:

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_



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**REQUEST FOR INTERPRETING SERVICE HOURS**

The OJD State Court Administrator's Policies for application for the Certified Court Interpreter's credential require 150 hours of interpreting services in courts of record in Oregon or Consortium member states, federal courts of record, or where the interpreter is sworn in and the record can be presented into evidence. OJD court interpreting hours meet the requirements for renewal. To request a summary of OJD hours for application, please complete the top portion of this form prior to submitting the entire application. The years requested should pertain to the 12 months prior to applying for the credential. You will receive a summary report of OJD interpreting hours via email.

Interpreter Name:
Vendor Number:
Years Requested:
Email Address for Notification:



**Please return this form by either mail, email, or fax to:**

Court Language Access Services

1163 State Street

Salem, OR 97301

Court.interpreter.program@ojd.state.or.us, Fax (503) 961-7636

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**CLAS PORTION**

**Number of hours:**

Please return the entire form via Email to:

[court.interpreter.program@ojd.state.or.us](mailto:court.interpreter.program@ojd.state.or.us)

(Please also cc the interpreter using the email address listed above).