



OREGON JUDICIAL DEPARTMENT
Court Language Access Services

INITIAL APPLICATION FOR THE ASL OREGON CERTIFIED COURT INTERPRETER CREDENTIAL

	Please Return this form by mail to: Oregon Judicial Department Court Language Access Services 541 NE 20 th Ave #107 Portland, OR 97232
Name:	
Address:	
Home Phone Number	
Cell Phone Number	
Email Address:	

Required Enclosures:

- Copy of valid Specialist Certificate: Legal SC:L from the Registry of Interpreters for the Deaf
- Show proof of 12 months Oregon residency (documents with printed address: utilities bill, paycheck, municipal tax bill, car registration renewal, voter registration card, ect.)
- LEDS Record Check
- Consent for Personal Information Release
- Court Interpreter Services Observation Log or Request for Interpreting Service Hours(20 hours)
- 1 standard-sized passport photograph (2" x 2")

Testing: Be sure that you have completed the required exam before submitting your application. You do not need to submit your score.

- Ethics Exam

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 _____

(For Office Use Only)	
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)

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 20th 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 of Certified Court Interpreter's credential require 20 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 before applying for the credential. OJD court interpreting hours meet the requirements. To request a summary of OJD hours for certification, please complete the top portion of this form prior to submitting the entire application. 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

CLAS PORTION

Number of hours:

Please return the entire form via Email to:

court.interpreter.program@ojd.state.or.us

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