



OREGON JUDICIAL DEPARTMENT  
Court Language Access Services

**APPLICATION FOR RENEWAL OF THE ASL OREGON CERTIFIED COURT INTERPRETER CREDENTIAL**

	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:	

Required Enclosures:

- Verification of a valid Registry of Interpreters for the Deaf Specialist Certificate: Legal (SC:L)
- Nonrefundable \$150.00 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
- LEDS Record Check
- Record of Continuing Education Credit form
- Documentation of 120 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 “Request for Interpreting Service Hours” 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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**RECORD OF CONTINUING EDUCATION CREDITS**

In the chart below please list all of the ethics-specific continuing education events that you have attended and received credit for.

Name	Date of Submission
Date of Event _____ Title _____ _____ Credits Earned _____ Sponsor _____	Location _____ General or Language-specific _____ Credits Earned _____
Date of Event _____ Title _____ _____ Credits Earned _____ Sponsor _____	Location _____ General or Language-specific _____ Credits Earned _____
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**REQUEST FOR INTERPRETING SERVICE HOURS**

The OJD State Court Administrator's Policies for renewal of Certified Court Interpreter's credential require 120 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 every three years. OJD court interpreting hours meet the requirements for renewal. To request a summary of OJD hours for renewal, please complete the top portion of this form prior to submitting the entire renewal application. The three year period requested should correspond to your three year renewal period. 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).