



# OFFICE OF PROFESSIONAL REGULATION APPLICATION TO BE AN ORAL LANGUAGE INTERPRETER

The fee for this application is \$25.

1. FULL NAME: \_\_\_\_\_  
Last First Middle

2. MAILING ADDRESS: \_\_\_\_\_  
Street Address or P.O. Box Number

\_\_\_\_\_ City State Zip Code County

3. TELEPHONE NUMBER: \_\_\_\_\_  
Residence Work Cell

4. EMAIL ADDRESS: \_\_\_\_\_

5. BIRTH DATE: \_\_\_\_\_ (MM/DD/YYYY) AGE: \_\_\_\_\_

## 6. EDUCATION

A. How many years of formal education have you completed: \_\_\_\_\_  
(Include all levels of education, not just college)

B. List all colleges and universities you have ever attended regardless of whether you received any credit.

COLLEGE OR UNIVERSITY	MAILING ADDRESS	DATES ATTENDED	CREDIT/DEGREE AND AREA OF STUDY

C. List all high schools you have ever attended regardless of whether you received a diploma.

HIGH SCHOOL	MAILING ADDRESS	DATES ATTENDED	DIPLOMA RECEIVED

## 7. LANGUAGES

LIST THE LANGUAGES IN WHICH YOU ARE COMPETENT TO BE A COURT INTERPRETER	HOW MANY YEARS HAVE YOU SPOKEN THIS LANGUAGE?	HOW MANY YEARS HAVE YOU LIVED IN A COUNTRY WHERE THIS WAS THE PRIMARY LANGUAGE?
English (Required)		

How did you learn English?

How did you learn the non-English language? (Please include any interpreting training programs)

## 8. TESTS AND TRAINING PROGRAMS

\_\_\_\_\_ A. I have attended a two-day Court Interpreter Orientation Program.

Yes/No

➤ If yes, provide Year: \_\_\_\_\_.

\_\_\_\_\_ B. I have passed the Consortium's 135 question multiple-choice test.

Yes/No

➤ If yes, provide Year: \_\_\_\_\_ and Location: \_\_\_\_\_.

\_\_\_\_\_ C. I have passed the Iowa court interpreter ethics exam.

Yes/No

\_\_\_\_\_ D. I have taken the court interpreter certification (oral) exam.

Yes/No

➤ If yes, which exam did you take: \_\_\_ Federal \_\_\_ NAJIT \_\_\_ Consortium?

➤ If yes, provide Year: \_\_\_\_\_ and Location: \_\_\_\_\_.

➤ Did you pass the oral exam? \_\_\_\_\_

**9. COURT INTERPRETING EXPERIENCE**

\_\_\_\_\_ **A.** How many times have you interpreted in court?

If you have interpreted in court please list the types of cases

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\_\_\_\_\_ **B.** How many times have you interpreted in places other than court?

Please describe these experiences.

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\_\_\_\_\_ **C.** How many times have you performed simultaneous (you interpret continuously while someone speaks) interpretation in court?

\_\_\_\_\_ **D.** How many times have you performed consecutive (a person speaks, then stops while you interpret, then speaks again, etc.) interpretation in court?

\_\_\_\_\_ **E.** How many times have you performed sight interpretation of documents (you read a document and verbally interpret what it says) in court?

**10. EMPLOYMENT**

<b>Current Occupation</b>	
<b>Current Employer</b>	
<b>Employer Address</b>	
<b>Employer Phone and Email</b>	

**11. CIVIL OR CRIMINAL PROCEEDING BACKGROUND**

\_\_\_\_\_ **A.** Have you ever been disqualified from interpreting in a court or administrative proceeding?  
**Yes/No**

If Yes, please explain:

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**CONTINUED**

\_\_\_\_\_ **B.** Have you ever been convicted of a felony?  
**Yes/No**

If Yes, please explain:

\_\_\_\_\_ **C.** Have you ever been convicted of any crime involving theft, fraud, dishonesty, or moral turpitude?  
**Yes/No**

If Yes, please explain:

**12. REFERENCES:** Give the names and mailing addresses of three persons, who know you well but are not related to you, who will verify your experience and expertise as an interpreter.

NAME	MAILING ADDRESS	PHONE/EMAIL ADDRESS

**13. TRAVEL:** How many miles are you willing to travel to do interpretation for a one-day hearing?

\_\_\_\_\_ **Miles**

**14. OTHER INFORMATION OR EXPERIENCE:** Provide any other information on your experience or education that would be useful in assessing your competence as a court interpreter.

**OATH: Subject to penalty of perjury, I swear or affirm that:**

- (1) The information I have provided in this application is true and correct;**
- (2) I have read, understand, and will abide by Iowa's Code of Professional Conduct for Judicial Branch Interpreters, Iowa Court Rules, Chapter 48.**

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public for  
State of \_\_\_\_\_

**After completing this form, mail it  
along with a check for \$25 made payable to  
"Court Interpreter Program" to:**

Office of Professional Regulation  
Court Interpreter Program  
1111 E. Court Ave.  
Des Moines, IA 50319



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: Office of Professional Regulation  
(if applicable)

**To: Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
 215 E. 7<sup>th</sup> Street  
 Des Moines, Iowa 50319  
 (515) 725-6066  
 (515) 725-6080 Fax

**From: Office of Professional Regulation**  
**Judicial Branch Building**  
 1111 E. Court Avenue  
 Des Moines, IA 50319

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515.281.8430

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**Phone:** \_\_\_\_\_

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**Fax:** 515.725.8032

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I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature:** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	