



OFFICE OF PROFESSIONAL REGULATION APPLICATION TO BE AN SIGN 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 TYPE OF SIGN LANGUAGES IN WHICH YOU HAVE SUFFICIENT EXPERTISE TO BE A COURT INTERPRETER	HOW MANY YEARS HAVE YOU USED THIS SIGN LANGUAGE?

8. CERTIFICATES

Check the sign language certificates you have obtained. (You must have at least ONE of these):

- Certificate of Trasliteration (CT) – AND – Certificate of Interpretation (CI)
- Comprehensive Skills Certificate
- Certificate of Deaf Interpreter (CDI) or CDI-P (provisional) certificate from the Registry of Interpreters for the Deaf

_____ A. I have obtained a specialist certificate: legal (SC:L)
Yes/No **NOTE: If yes, you are considered a “certified sign language court interpreter,” and you do not have to attend a Court Interpreter Orientation Seminar.**

How did you learn sign language?

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

_____ B. How many times have you interpreted in places other than court?

Please describe these experiences.

_____ 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

Current Occupation	
Current Employer	
Employer Address	
Employer Phone and Email	

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:

_____ 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:

CONTINUED

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, 1st Floor
 215 E. 7th 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

515.281.8430

Phone: _____

Fax: 515.725.8032

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (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: _____

<u>Iowa Criminal History Record Check Results</u>	(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 _____	