



# WASHINGTON STATE COURT INTERPRETER PROGRAM ORAL CERTIFICATION EXAMINATION

The Administrative Office of the Courts (AOC) is offering the oral examination for court interpreter certification on **September 19 and 20, 2009**. The oral exam will be held at Bellevue College's North Campus. The fee for the oral exam is \$250 for Washington State residents and \$500 for out-of-state residents. Payment is due at the time of registration and is **non-refundable**.

After the registration deadline for the oral exam, you will receive exam information and an appointment for either September 19 or 20. Please indicate your preference of date and time (morning or afternoon) on the registration form.

The oral exams used for purposes of Washington court certification are developed and maintained by the Consortium for State Court Interpreter Certification. Details about the Consortium and its exams can be found at: [www.ncsconline.org/D\\_Research/CourtInterp/CICourtConsort.html](http://www.ncsconline.org/D_Research/CourtInterp/CICourtConsort.html)

## **REGISTRATION INFORMATION**

You may register in one of the following ways through Bellevue College:

- **FAX Registration:** (425) 564-3113
- **Send Registration:** Bellevue College  
North Campus  
Attn: René Siegenthaler  
3000 Landerholm Circle SE  
Bellevue, WA 98007-6484
- **In Person:** Bellevue College  
North Campus  
10700 Northup Way  
Bellevue, WA

***Please make checks or money orders payable to Bellevue College.***

**All registrations and payments must be received  
no later than August 14, 2009.**

*For more information on Bellevue College's Continuing Education Program, please visit their website at [www.conted.bcc.ctc.edu/translation](http://www.conted.bcc.ctc.edu/translation).*

# COURT INTERPRETER ORAL CERTIFICATION EXAMINATION REGISTRATION FORM

(Please Print Clearly)

**NOTE:** Your name must appear identical to your picture identification shown for testing.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ (day) \_\_\_\_\_ (evening) E-mail \_\_\_\_\_

BIRTH DATE (mmddyy): \_\_\_\_\_ Last four digits of your SS# \_\_\_\_\_

### METHOD OF PAYMENT

- Cash** (in person registration only)  
 **Check/Money Order** (payable to **Bellevue College**)  
 **Credit Card** Please charge my:  Visa  MasterCard

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

### ORAL EXAM LANGUAGE

- |  |                  |       |
|--|------------------|-------|
| <input type="checkbox"/> Arabic (Egyptian version) | Item number COHA | \$250 |
| <input type="checkbox"/> Cantonese                 | Item number COHB | \$250 |
| <input type="checkbox"/> Korean                    | Item number COHK | \$250 |
| <input type="checkbox"/> Laotian                   | Item number COHL | \$250 |
| <input type="checkbox"/> Mandarin                  | Item number COHM | \$250 |
| <input type="checkbox"/> Russian                   | Item number COHR | \$250 |
| <input type="checkbox"/> Somali                    | Item number COHS | \$250 |
| <input type="checkbox"/> Spanish                   | Item number COHE | \$250 |
| <input type="checkbox"/> Vietnamese                | Item number COHV | \$250 |
| <br>   |                  |       |
| <input type="checkbox"/> Out-of-state              | Item number COHO | \$500 |

Language: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### Preferred Date/Time for Exam Only (use 1 for first choice, 2 for second choice)

Saturday, September 19, 2009 AM \_\_\_\_\_ PM \_\_\_\_\_

Sunday, September 20, 2009 AM \_\_\_\_\_ PM \_\_\_\_\_