MASSACHUSETTS COURT INTERPRETER CREDENTIALING PROGRAM

Application for Court Interpreter Credentialing Renewal

MASSACHUSETTS TRIAL OFFICE OF LANGUAGE ACCESS COURT INTERPRETER CREDENTIALING PROGRAM

Application for Court Interpreter Credentialing Renewal

Please print or type. The application will be returned, without being processed, if it is in any way incomplete or the applicable fee and any required documentation are not included.

PURPOSE OF FORM: This form is to be used by interpreters who are registered by the Massachusetts Trial Court Office of Language Access Court Interpreter Credentialing Program, to apply for renewal of their registration.

INSTRUCTIONS: Return the completed and notarized form by Mailing to: Office of Language Access Court Interpreter Credentialing Program,2 Center Plaza, 9th Floor, Boston, MA 02108

IMPORTANT INFORMATION: Please submit your renewal packet containing this Renewal Application, Continuing Interpreter Education Reporting Form, Law-Related Professional Interpreting Assignments Reporting Form, for Court Employed Staff Interpreters (if applicable), six weeks in advance of your renewal date to allow for processing time and continued registration.

***Law-related assignments can include formal depositions, court events, legal proceedings and hearings held by administrative agencies, witness preparation or interviews related to cases specifically being prepared for trial or other formal court proceedings. All submissions are subject to review and approval by OLA.**

Please type or print clearly. Your contact information will be updated in our records. By submitting this form, you agree to have your information published on the OLA Public Release Roster on Mass.gov. One contact phone number and email address are required. Your address will not be published.

I. INTERPRETER INFORMATION

Full Name: _____

Address: _____

City, State, Zip Code: _____

Other Personal Contact Information: Do Not Publish (Check Box)

Home Phone: _____ ☐

Work Phone: _____ ☐

Cell Phone: _____ ☐

Email Address: _____ ☐

Website: _____ ☐

Interpreter Designation Number (if any): _____

Language(s) of Designation: _____

Renewal Date: _____

II. AFFIRMATION STATEMENT, OATH AND SIGNATURE

I, _____affirm that the information supplied on this application and any additional materials or information required as part of the biennial renewal process is correct; that to the best of my knowledge, I qualify for the renewal for which I have applied; and that I will notify the Office of Language Access Court Interpreter Credentialing Program (CICP) within 30 days of any such event: a) address change; b) legal name change; c) any change in the status of a professional license or certification which I currently hold.

OATH OF INTERPRETER

I further certify that I have read, understand, and agree to abide by the Massachusetts Trial Court Office of Language Access Standards and Procedures found here.

I understand any omissions, falsifications, misstatements, or misrepresentations of the information provided in this application, or information required to be subsequently provided, may be grounds for revocation of registration and any corresponding state-level designation.

Signature of Applicant: _____Date: _____

Must be Signed in Presence of Notary

III. NOTARY OF AFFIDAVIT

Commonwealth of Massachusetts

Sworn to or affirmed under oath and subscribed before me this _____ day of_____,

20____, by _____,

Name of Applicant

who is personally known to me, or who has produced _____

as Identification.

Notary seal _____

Notary Public

Commission Expires: _____ _____

Name typed, printed or stamped