Massachusetts Trial Court - Office of Language Access (OLA)

Court Interpreter Certification Program Registration Form

Please complete all applicable sections.

Applicant Information

Full Legal Name: _____

Preferred Name (if different): _____

Date of Birth: ____ /____ /_____

Mailing Address:

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email Address: _____

Language Information

Language for Certification:

Are you applying for certification in more than one language?

☐ Yes

☐ No

If yes, please list:

Professional Background

Current Role:

☐ OLA Staff Interpreter

☐ OLA Per Diem Interpreter
☐ Candidate Seeking Credentialing

Years of Interpreting Experience:

☐ Less than 1 year

☐ 1–3 years

☐ 4–7 years

☐ 8–10 years

☐ More than 10 years

Designation Registration

Please indicate the certification activity for which you are registering. Descriptions for each designation are available at [insert link to website].

☐ Proficient I Court Interpreter

☐ Proficient II Court Interpreter

☐ Certified Court Interpreter

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Applicant Certification

I certify that the information provided on this registration form is true and complete to the best of my knowledge. I understand that submission of this form does not guarantee registration or certification and that additional documentation or eligibility verification may be required.

I understand that I am responsible for complying with all certification requirements, deadlines, examination policies, and applicable procedures established by the Massachusetts Trial Court's Office of Language Access.

Applicant Signature: _____

Date: ____ /____ /_____

Office Use Only

Registration Received: _____

Eligibility Verified:

☐ Yes

☐ No

Credentialing Designation Number Assigned:

Registration Approved:

☐ Yes

☐ No

Confirmation Sent: _____

Staff Initials: _____

Notes:
