



**Louisiana Supreme Court
Interpreter Certification Program
Application for Reciprocity**

Name _____
Last Name First Name Middle (Maiden)

Social Security No. _____ Date of Birth: _____

Mailing Address _____

E-Mail Address (required) _____

Work Phone _____ Cell Phone _____ Home Phone _____

Are you currently certified in the US Federal Courts? _____ Yes _____ No

If yes, Year First Certified _____ Language _____

Are you currently certified in a State court?

If yes, State _____ Year First Certified _____ Language _____

State _____ Year First Certified _____ Language _____

If no, are you recognized with another status (i.e. Registered, Credentials, etc.) in any state? If yes, what is the status?

State _____ Status _____ Date Achieved _____ Language _____

State _____ Status _____ Date Achieved _____ Language _____

Have you attended a two-day or 14-hour ethics and skill building workshop (orientation)? _____ Yes _____ No

If yes, please give the name of the state(s) and date(s) of the orientation.

State _____ Dates _____

State _____ Dates _____

Have you passed the 135 question Consortium/NCSC written examination with a score of 80% or higher?

State _____ Dates _____ Score(s) _____

If certified, please give your scores on the oral performance examination:

Date(s)	State (or Federal)	Language(s)	Sight	Consecutive	Simultaneous

There are many languages for which a certification examination is unavailable.

If you did not take the Consortium/NCSC Oral Certificate Exam or federal court exam, please provide information on other language exams or credentials including date(s) and score(s).

State _____ Date(s) _____ Score(s) _____

State _____ Date(s) _____ Score(s) _____

For non-certification languages, please share background and education level in both English and your language of expertise.

The information I have provided in this application for reciprocity is true and correct to the best of my knowledge. I hereby authorize the courts to conduct a thorough background check including but not limited to references, employment record, and criminal record. I understand that any falsification of data on my part will result in disqualification to interpret in the Louisiana Courts. I hereby release the courts from any civil or criminal liability arising from my background check and from my work as a court interpreter.

Date

Signature of Applicant

State _____

Parish or County _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public

The non-refundable Reciprocity application fee is \$100.

Please submit:

- 1) Your completed Application for Reciprocity
- 2) \$100 (check or money order), made payable to the Louisiana Supreme Court
- 3) And, your signed Code of Professional Responsibility For Languages Interpreters form, agreeing to be bound by Part G, Section 14 of the General Administrative Rules for all Louisiana Courts: "The Code of Professional Responsibility for Language Interpreters".

**Louisiana Supreme Court
Court Interpreter Training Program
1600 N. 3rd Street, 4th Floor
Baton Rouge, LA 70802
(225) 382-8181
Facsimile: (225) 382-3187**

PLEASE NOTE THAT APPLICATIONS FOR RECIPROCITY ARE CONSIDERED ON A CASE-BY-CASE BASIS AND THAT THE LOUISIANA SUPREME COURT MAY REQUIRE ADDITIONAL STEPS TO BECOMING A CERTIFIED COURT INTERPRETER BY RECIPROCITY.