

The Supreme Court of Ohio

Interpreter Services Program
65 South Front Street, 6th Floor
Columbus OH 43215-3431

ROSTER APPLICATION FOR QUALIFIED SIGN LANGUAGE INTERPRETER

INSTRUCTIONS

This application is for American Sign Language interpreters who wish to be placed on a roster of interpreters to be published online by the Supreme Court of Ohio.

Pursuant to Rule 88 of the Rules of Superintendence for the Court of Ohio and beginning on January 1, 2013, courts in Ohio must appoint a *Supreme Court Certified Sign Language Interpreter*. A *Supreme Court Certified Sign Language Interpreter* is person that possessed an Special Legal: Certificate, has passed a background check, is eligible for employment in the U.S. and has taken an oath to know, understand, and act accordance with the Code of Professional Conduct for Court Interpreters and Translators, as set forth in Appendix H of the Rules of Superintendence.

Rule 88 also allows for the appointment of other sign language interpreters for assignments in Ohio courts. The qualifications of other sign language interpreter are spelled out on Rule 88(E)(2) of these Rules.

In order for applicants to be listed on the roster, they should possess at least one of the following credentials:

- (A) "National Interpreter Certification Master" from the NAD/RID;
- (B) "National Interpreter Certification Advanced" from the from the NAD/RID;
- (C) "Certification of Interpretation" and "Certification of Transliteration" from RID;
- (D) "Comprehensive Skills Certificate" from RID;
- (E) "Master Comprehensive Skills Certificate" from RID;
- (F) "Level V Certification" from NAD;
- (G) "National Interpreter Certification" from NAD/RID;
- (H) "Level IV Certification" from NAD.

Candidates with one or more credential will be listed under the highest credential based on the aforementioned order. The application must be completed and returned by October 31, 2011.

If an applicant wishes to become a Supreme Court Certified interpreter, information can be found at the following link: <http://www.supremecourt.ohio.gov/JCS/interpreterSvcs/certification/default.asp>

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APPLICATION FORM

Please complete the entire application. Do not leave any fields blank. INCOMPLETE APPLICATIONS WILL BE RETURNED.

APPLICANT INFORMATION:

Mr./Mrs./Ms./Dr.: _____
(circle preferred) Last Name First Name Middle Name

Mailing Address:

City _____ State _____ County _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Driver's License No.: _____

E-Mail Address: _____ Date of Birth: _____

SIGN LANGUAGE CERTIFICATION INFORMATION:

Check the exam(s) and level(s) (where applicable) for which you have received certification..

RID

CI/CT

CSC

MCSC

CDI

OTC

SC:L

Other _____

NAD

Level II

Level III

Level IV

Level V

NAD-RID

NIC

NIC Advanced

NIC Master

BACKGROUND INFORMATION: Check appropriate response

Have you ever been licensed as an interpreter in another state? If yes, where? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have ever been convicted of a felony? If yes, explain: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor other than a traffic violation? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a legal right to live and work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ROSTER INFORMATION: The following info will be displayed on the roster

1) Which of the following is your preferred method of contact? (Check all that apply)

Home Phone Work Phone Cell Phone Email

2) Which of the following is your preferred travel area? (Breakdown of regions in attached document titled "Regions for Travel in Ohio." Check all that apply)

Statewide Southwest Southeast Northeast Northwest Central

3) What is your availability? This could include something like 8AM-6PM, Any weekday, Anytime, or any other time frame you wish to add.

Certification

I certify that the answers I provided to the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it may not be processed and it will be returned to me at the address on the form. I also understand that a background check will be required prior to the oral examination.

Applicant Signature	Date
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