ORAL COURT INTERPRETER EXAM

Registration Form

Instructions: Please complete all the required fields and return it to the Arizona Court Interpreter Credentialing Program (ACICP) by the registration deadline indicated.

You should save this form to your computer (desktop, C: drive, etc.) prior to filling it out and sending it to ACICP.
If you do not save it first, the form will not retain your information, causing delays in processing your request.

Contact Information:

First Name:_____ Last Name: _____

Address:_____ City:_____ St.: ____ Zip Code: _____

Email Address:_____ Primary Phone: _____

Prerequisites: Please confirm that you have completed the following requirements to register for the Oral Court Interpreter Exam. *For more information about the following prerequisites, visit the* Earning a Credential *page.*

☐ **YES**. I have been issued an ACICP Tier 1 credential.

ORAL COURT INTERPRETER EXAM

Language: *Select Language*
NOTE: If an asterisk (*) appears next to the language selected, please see the Available Languages *section of the Oral Court Interpreter Exam webpage*

Please select the statement that accurately describes your Oral Court Interpreter Exam needs:

☐ This is my **first time** taking the **Oral Court Interpreter Exam**.

☐ I need to ***retake*** the **FULL** Oral Court Interpreter Exam *(sight translation, consecutive and simultaneous).*

Date of Last Exam (MM/YYYY):_____ State:_____ NCSC ID # (if known): _____

☐ I have previously passed one or more components of the exam and need to ***retake*** **ONLY** the following **component(s)** of the Oral Court Interpreter Exam. *(Please select no more than two.)*

☐ Sight Translation ☐ Consecutive ☐ Simultaneous

Date of Last Exam (MM/YYYY):_____ State: _____ NCSC ID # (if known): _____

Candidate Last Name: _____

Exam Selection: The location/date/time selections for the upcoming exam sessions are listed in the drop downs boxes below. **Please choose up to three (3) location/date selections below for the exam.** ACICP will make every effort to accommodate your preferences, however candidates are encouraged to submit their registration request at the earliest opportunity as space is limited and registration is on a first-come, first-served basis.

Additionally, note that the ACICP reserves the right to cancel any testing session listed should there be an insufficient number of participants or if other circumstances necessitate cancellation. In the unlikely event we cannot grant any of your requests or a testing session is cancelled, we will contact you with alternatives, including other open session options or possible placement on a waitlist. For more information about registration priority, the waitlist process, or cancelation of a scheduled testing session, please contact the ACICP at (602) 452-3333.

ACICP EXAM CALENDAR

REGISTER BY: THURSDAY, OCTOBER 8, 2020
PAY BY: FRIDAY, OCTOBER 9, 2020

NOVEMBER 2020: ORAL COURT INTERPRETER EXAM

A session is a 1-hour block during regular business hours

1ST *Select a Location/Date*

2ND *Select a Location/Date*

3RD *Select a Location/Date*

REGISTER BY: THURSDAY, FEBRUARY 18, 2021
PAY BY: FRIDAY, FEBRUARY 19, 2021

APRIL 2021: ORAL COURT INTERPRETER EXAM

A session is a 1-hour block during regular business hours

1ST *Select a Location/Date*

2ND *Select a Location/Date*

3RD *Select a Location/Date*

REGISTER BY: THURSDAY, SEPTEMBER 9, 2021
PAY BY: FRIDAY, SEPTEMBER 10, 2021

NOVEMBER 2021: ORAL COURT INTERPRETER EXAM

A session is a 1-hour block during regular business hours

1ST *Select a Location/Date*

2ND *Select a Location/Date*

3RD *Select a Location/Date*

The exam schedule is finalized about two (2) weeks after the payment deadline listed.
You will receive a specific time for your session(s) after the schedule is finalized.

Americans with Disabilities Act (ADA) and Other Special Accommodations: If you have a disability recognized by the ADA or state law, you may request reasonable accommodation using the Request for Special Accommodation Form that can be provided to you by the ACICP. The completed form must be submitted to the ACICP by the registration deadline of the earliest preferred session you wish to attend. The ACICP will email the form to the email provided in the Arizona Court Interpreter Registry. For additional information, please contact the ACICP at (602) 452-3333 / (602) 452-3545 (TDD).

☐ I would like to request an ADA or other special accommodation for the Oral Court Interpreter Exam.
(A separate form will be sent to you.)

Exam Fees: *For more information about program fees, visit the Fee Schedule page.*

ORAL COURT INTERPRETER EXAM	
Full Oral Court Interpreter Exam: In-State: $300.00 per attempt Out of State: $450.00 per attempt	**Individual Component:** In-State: $125.00 per component, per attempt Out of State: Not Available

Payment Procedure and Form Submission: ***This form must be received by the registration deadline of your earliest preferred session selection.*** After submitting this form, you will receive an email from the ACICP confirming receipt of your registration request and providing a link to make payment online ***within two business days***. You must submit payment prior to the payment deadline of your earliest preferred session. Once payment is made, your registration will be finalized, and you will receive a final confirmation email no later than one week before the exam date.

It is important to note that all communication from the ACICP will be done through email. It is imperative that you maintain an up-to-date email address in the Arizona Court Interpreter Registry. You must **EMAIL** this form as an attachment to interpreters@courts.az.gov. Paper forms will not be accepted. To help ensure important ACICP communications are received, the ACICP recommends that you place interpreters@courts.az.gov on your email "safe sender" list. (For more information about "safe sender" lists, please consult your email provider.)

For additional information or questions, please contact
interpreters@courts.az.gov
or
(602) 452-3333

www.azcourts.gov/interpreter