

VIRGINIA COURT INTERPRETER RECIPROCITY

****Federally certified candidates are eligible for reciprocity once their certification has verified.**

Certifiable Language Reciprocity Requirements:

Certifiable languages in Virginia: Amharic, Arabic (Egyptian), Arabic (Levantine), Bosnian Croatian-Serbian, Cantonese, Filipino (Tagalog), French, Haitian Creole, Hmong, Khmer, Korean, Mandarin, Polish, Portuguese, Russian, Somali, Spanish, Turkish, Vietnamese.

Reciprocity will be granted to candidates who are living in Virginia or in a contiguous state that permits the candidate the ability to travel to Virginia to provide in-person interpretation services. Along with this requirement the following elements must be met.

1. ***National Center for State Courts sponsored written exam***- minimum score of 80% required.
2. ***2-day interpreter orientation/workshop***
3. ***Oral Exam:***
 - o Completed all 3 components of the exam in one sitting.
 - o Must have scored at least 70% on all 3 sections and on both sections of the sight translation.
 - o All components of the exam must have been completed in one state.
 - o Did not take same version of the test more than twice.
 - o Did not take the same version of a test more than once in 10 months.
4. ***Interpreter Oath***- Once candidate has submitted their application with all pertinent documentation and reciprocity has been granted, the certification team will send this form to the candidate for their signature.

If you satisfy the above requirements and wish to proceed with your request for reciprocity, fill out the second page of this document and follow the instructions to submit your request.

VIRGINIA COURT INTERPRETER PROGRAM APPLICATION FOR RECIPROCITY

100 N NINTH STREET | RICHMOND, VA 23219 | p (804) 371-2424 | email: languages@vacourts.gov

Instructions: Interpreters applying for certification reciprocity and to appear on the roster of court interpreters in Virginia must submit this application. Complete Part I, submit the required documents outlined in Part II, and sign and date the acknowledgement in Part III. Return this signed application form with all supporting materials via email to Margarita Stephens at languages@vacourts.gov.

PART I. APPLICANT INFORMATION									
I hold certification from the following entity or jurisdiction:				<input type="checkbox"/> Admin Office of the US Courts			<input type="checkbox"/> State:		
Last Name:			First Name:				Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
							<input type="checkbox"/> Mrs.	<input type="checkbox"/> Other	
Street Address:						Apartment/Unit #:			
City:			State:		Zip:				
DOB:		E-mail Address:							
Phone number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile									
Language(s) in which you hold certification:			Language 1:		Language 2:		Language 3:		
Circuit Numbers (Please refer to the Map of Judicial Circuits) Select your preferred venues:									
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> N/A									
Are you required to comply with continuing education credits?				<input type="checkbox"/> No <input type="checkbox"/> Yes, in the state of:					
Have you ever been disciplined for an ethical violation by any entity or state which conferred or recognized your certification?				<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide details below or attach additional pages					
Details of disciplinary action such as dates, disposition, people involved, etc.:									

PART II. CHECKLIST OF SUPPORTING DOCUMENTS TO SUBMIT WITH APPLICATION
<input type="checkbox"/> Proof of written exam score. <input type="checkbox"/> Proof of attendance of a 2-day orientation/workshop for court interpreters. <input type="checkbox"/> Proof of official oral exam scores and/or certification of all languages for which you are seeking reciprocity. <input type="checkbox"/> Letter of good standing from the language access program that conferred your certification.

PART III. ACKNOWLEDGEMENT AND SIGNATURE
I understand the inclusion of my name on Virginia's Interpreter Roster means:
<ol style="list-style-type: none"> I am bound by the Virginia's Code of Professional Conduct for Interpreters. I must comply with Virginia's CE requirement, if such requirement exists. I am required to maintain current contact information with Virginia's Office of the Executive Secretary. I acknowledge that I am not an employee of the Virginia Court System. My name, e-mail address and cell phone number will be published in Virginia's public certified interpreter's list.
I affirm that the information provided on this form is true and accurate to the best of my knowledge and memory.
Signature: _____ Date: _____