

Consortium Test Reciprocity
California Court Interpreter Eligibility Verification

ELIGIBILITY VERIFICATION FORM

Please complete the following and return to courtinterpreters@jud.ca.gov

Date of Request (today's date):

Interpreter Full Name (as it appeared on your exam):

Interpreter Email Address:

Interpreter Mailing Address:

Consortium ID Number:

Oral Exam Language:

Date of Oral Exam:

Exam Version:

Location of Exam (Name of state):

FOR CONSORTIUM USE ONLY

Date of Exam:

Yes, passed all sections of the oral exam with 70% or higher in all sections.

% English-Foreign Language Sight

% Foreign Language-English Sight

% Consecutive

% Simultaneous

% English Proficiency (if applicable)

Yes, passed all sections of the oral exam in one sitting.

Yes, passed all sections of the oral exam in one state.

Exam's Version:

Name of Member State: