

Office of Deaf and Hard of Hearing Services (DHHS)  
**Court Interpreter Performance Test**

HHS DHHS will use the information provided in this form to obtain criminal conviction records.

**Applicant Information**

Applicant's Name:	Birth Date:	Maiden Name(s):		
Street Address:	City:	State:	ZIP Code:	County:

**Contact Information**

Primary Phone No.:	Primary Email Address:
Cell Phone No. (optional):	Video Phone No.:

**Qualifying Questions**

Do you currently hold a valid certificate from one of the following?

**BEI**  Yes  No If yes, at what level?

**RID**  Yes  No If yes, at what level?

**NIC**  Yes  No If yes, at what level?

Have you passed the Court Written Test?  Yes  No If yes, on what date?

If no, you are not eligible and must complete Form 3901-1, Court Interpreter Certification Application.

Do you have a conviction?  Yes  No If yes, what is the conviction date?

**Performance Test**

**Court Performance Test:** Interpreters currently certified at BEI Level III, IV, V, Advanced, Master, Level III-V Intermediary,  OC:C; or hold certification from RID with a CSC, CI and CT, RSC, MCSC, or NIC Advanced or NIC Master are eligible for this test. For a list of additional certifications that qualify for this test, contact the HHS DHHS office. **Enclose \$185 fee.**

**Testing Appointment**

A list of testing sites and dates is available at the BEI Registry Public Test Schedule or by contacting the HHS DHHS office.

First Date Preference: \_\_\_\_\_ Second Date Preference: \_\_\_\_\_

There is no guarantee that your first or second choice can be accommodated. Appointments are made on a first-come, first-served basis.

**Fee and Submittal Instructions**

Follow the instructions below to submit this form, the fee, and other materials:

1. Complete and sign the form.
2. Enclose a check, cashier's check, or money order payable to HHS DHHS for the appropriate test fee listed above.
3. Mail this form, a copy of a valid photo ID, a copy of your valid certificate card, a copy of the passed Court Written Test results, a signed Form 3901-2, and the fee to: **HHS DHHS, P.O. Box 12306, Austin, TX 78711**
4. Allow 30 days for processing. The BEI office will contact you using your primary email address.

## Code of Professional Conduct

The tenets for the Code of Professional Conduct require certified court interpreters to:

- adhere to standards of confidential communication;
- possess the professional skills and knowledge required for the specific interpreting situation;
- conduct themselves in a manner appropriate to the specific interpreting situation;
- demonstrate respect for consumers;
- demonstrate respect for colleagues, interns, and students of the profession;
- maintain ethical business practices; and
- engage in professional development.

The full version of the Code of Professional Conduct and the Code of Ethics and Professional Responsibility of Certified Court Interpreters may be obtained from the HHS DHHS office.

## Accommodation Request

A disability is a physical or mental impairment that substantially limits one or more major life activities. If you have a disability and need a reasonable modification, HHS DHHS will make every effort to accommodate your needs. Fill out a Reasonable Modification Request form, gather proper documentation that describes the nature of your disability and modifications you request, and submit both with this application.

If you are requesting an accommodation, refer to [BEI Manual Chapter 1: BEI General Interpreter Certification Policies and Procedures, 1.4 Accommodation Request](#).

## Signature

I attest that all information provided in this application is accurate and true and agree to abide by the Code of Professional Conduct and the Code of Ethics and Professional Responsibility of Certified Court Interpreters. I understand that my certificate is subject to suspension, revocation, or cancellation.

Applicant's Signature:

Date:

**The application is incomplete without the applicant's signature.**

**HHS, Office for Deaf and Hard of Hearing Services**

P.O. Box 12306, Austin, Texas 78711

(512) 438-4880 Voice or (512) 410-1386 VP