



Professional Language Certification Examination Application

**PLEASE NOTE:
THIS IS NOT AN APPLICATION
FOR EMPLOYMENT.**

LAST NAME		FIRST NAME	LAST FOUR DIGITS OF YOUR SSN	DAY TELEPHONE NUMBER (INCLUDE AREA CODE) ()
HOME MAILING ADDRESS (NOT EMPLOYER OR AGENCY)			APARTMENT/SUITE NUMBER	HOME TELEPHONE NUMBER (INCLUDE AREA CODE) ()
CITY	STATE	ZIP CODE	COUNTY	E-MAIL ADDRESS

SECTION 1: TESTING FOR CERTIFICATED LANGUAGES

When registering for Medical or Social Services interpreter tests, you must take the written test first. You must pass the written test before you can register for the oral test. This section is for the languages listed below only.

Language of Interest (check one):

- | | | | |
|------------------------------------|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Chinese-Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese-Mandarin | <input type="checkbox"/> Vietnamese |

For other languages, use Section 2 below.

Test of Interest (one test at a time; check all appropriate boxes):

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Interpreter Test: | <input type="checkbox"/> Social Services Interpreter Test: | <input type="checkbox"/> Translator Test: |
| <input type="checkbox"/> Written test - \$30.00 per attempt | <input type="checkbox"/> Written test - \$30.00 per attempt | <input type="checkbox"/> English to target language - \$50.00 per attempt |
| <input type="checkbox"/> Oral test - \$45.00 per attempt | <input type="checkbox"/> Oral test - \$45.00 per attempt | |
| | <input type="checkbox"/> Simultaneous test (retake only) - \$25.00 per attempt | |

SECTION 2: SCREENING FOR NON-CERTIFICATED LANGUAGES - FOR LANGUAGES NOT LISTED ABOVE ONLY

When registering for Social Services interpreter screening or Medical Interpreters screening tests, you must take the written test first. You must pass the written test before you can register for the oral test.

- | | |
|--|--|
| <input type="checkbox"/> Medical Interpreter Screening Test | <input type="checkbox"/> Social Services Interpreter Screening Test |
| <input type="checkbox"/> Written test - \$30.00 per attempt | <input type="checkbox"/> Written test - \$30.00 per attempt |
| <input type="checkbox"/> Oral test - \$45.00 per attempt per language | <input type="checkbox"/> Oral test - \$45.00 per attempt per language |

Please write the language you are applying to be tested in: _____

SECTION 3: MARK YOUR PREFERRED TEST SITE

- Yakima Olympia

SECTION 4: SPECIAL ACCOMMODATION, IF NEEDED (PLEASE SPECIFY)

*** Note:** You can only take one portion (written or oral) of one test (e.g., Medical Interpreter Test) at a time. The test fee should be paid by check or money order in the exact amount shown above. Score report letters will not be sent to candidates whose checks have been returned for insufficient funds. Make sure you can attend the test session as indicated on your confirmation letter, because the test fee is non-refundable.

NO CASH will be accepted! Payment should be made payable to: DSHS/LTC Testing	Please mail this completed form with your payment to:	DSHS/LANGUAGE TESTING AND CERTIFICATION PO BOX 9501 OLYMPIA WA 98507-9501
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You will receive your confirmation letter within approximately one month from the date this Examination Application and your payment are received. Pre-test study materials are available for printing at www.dshs.wa.gov/ltc.

Check this box if you want them mailed to you.

DO NOT DETACH. PLEASE COMPLETE THE FOLLOWING

LTC

Applicant name (please print): _____

Amount Paid

\$