NEBRASKA JUDICIAL BRANCH ORAL EXAM 2024

ORAL EXAM AT-A-GLANCE

Passing the oral exam is the third and final step to becoming a certified interpreter. The oral exam measures language knowledge and fluency and the ability to successfully render meaning from target to source language in sight translation, consecutive interpretation, and simultaneous interpretation.

The exam generally takes less than 1 hour to complete.

APPLICANT INF	ORMATION				
Full Legal Name					
Maiden name or aliases					
Email Address					
SS# or NCSC ID#					
Orientation Date		Written Exam Date			
Previous Oral Exam Dates		Language			
ORAL EXAM DAT	ES, LOCATIONS	S & TIME			
Select which oral exam you wish to attend and your time preference					
Omaha Dates	Lincoln Dates	Time Preference **You will be notified of your exam time 2 weeks prior.			
April 9th	April 11th	Morning			
Oct 10th	Oct 8th	Afternoon			
REGISTRATION &	& PAYMENT INFO	ORMATION			

Nebraska residents: Your completed registration form, background check authorization forms, and \$225 cashier's check, money order, or personal check payable to the **Nebraska Supreme Court** are due no later than 60 days prior to the exam.

Non-Nebraska residents: Your completed registration form, background check authorization forms, and \$350 cashier's check, money order, or personal check payable to the **Nebraska Supreme Court** are due no later than 60 days prior to the exam.

Administrative Office of the Courts and Probation
Attn: Kathleen Valle
PO Box 98910
Lincoln, NE 68509-8910

STATE OF NEBRASKA'S JUDICAL BRANCH

COURT INTERPRETER PROGRAM

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK AND INVESTIGATION

As an applicant to the Nebraska Supreme Court Interpreter Program, I authorize the Nebraska Administrative Office of the Court (AOC) to conduct a criminal background check and investigation.

By completing, signing and returning this form to the AOC, I understand and agree that the AOC and its designees may conduct a criminal background check and investigation, as well as seek any further information regarding my character, qualifications and/or work performance.

Please print or type the following information and sign the authorization:

Report Requested By: ___

riease print or type the for	lowing initiation	in and sign the auth	Ji ization.	
FULL LEGAL NAME:				
ALIAS/AKA (other names used su	ch as maiden, married,	adopted, nicknames, short	names, etc.):	
SOCIAL SECURITY NUMBER	:			
DRIVER LICENSE OR STATE	IDENTIFICATION	NUMBER:		
DATE OF BIRTH:		SEX:	RACE:	
CURRENT ADDRESS:		_		
CITY:		STATE:	ZIP CODE:	
TELEPHONE (home):		TELEPHONE (cell):	
DATE:	SIGNATURE	E:		
Please forward this comple	ted authorization	n form to:		
	ATTN: Lang	Administrative Office guage Access Prograi P.O. Box 98910 Lincoln, NE 68509 een.Valle@nejudicia	m Director	
	In	nternal Use Only		

Date: