

Member of the Canadian Translators, Terminologists and Interpreters Council (CTTIC)

First and Last Name:

APPLICATION FORM ON-DOSSIER CERTIFICATION COURT INTERPRETING

Court interpreters convey spoken messages from one language into another in court and administrative settings such as examinations, depositions, public proceedings or immigration and refugee cases.

Native language:		Title: Mr.	Ms.	Mrs.	Telephone:	
Mailing address:					Email:	
City:			Provir	nce:	Postal code:	
Language of corresponde	nce: EN	FR	Dat	e of Birth:		
LANGUAGE PAIR						
(One Pair per Application)						
EXPERIENCE						
Number of years of full-time	•	e, or equivalent p	art-time e	experience	e, in the category	
and language pair indicated	above:					
PRESENT STATUS						
Salaried	*Free	lance	**	Independ	ant	Retired/
* Accepts occasional assignments ** Self-employed in the field						
EDUCATION						
List all post-secondary studies.						
Attach certified copies of your college and/or university diplomas and transcripts.						
Institution:	Location:	Program o	of Studies:	Di	ploma obtained:	Year
						From - To:
						+

CONTACT INFORMATION

Preferred name:

1 Nicholas Street • Suite 1202 • Ottawa Ontario K1N 7B7 1 rue Nicholas • Bureau 1202 • Ottawa (Ontario) K1N 7B7

RECORD OF EMPLOYMENT							
Please list current and previous employers.							
(If more space is required, please use a separate sheet.)							
1 Employer:		Supervisor (name, title, an	d te	lephone number):			
Job title and classification	on:						
Language pair(s):			Employment period :				
Language pan (s).				From:		То:	
				(Month) (Year)		(Month) (Year)	
2 Employer:		Supervisor (name, title and	d tel	lephone number):			
Job title and classificati	on:						
Language pair(s):				Employment perio	۷٠		
Language pan (s).				Employment period: From: To:			
			From:		10.		
				(Month) (Year)		(Month) (Year)	
3 Self-Employed:	ved: Type of Work:			Employment period:			
			Frame		T-:		
Language pair(s):			From:		То:		
			(Month) (Year)		(Month) (Year)		
SPONSORS							
1 Name:	Telephon			Name:	Telei	phone:	
	•						
Title: Address:		Tit	Title:		Address:		
3 Name:	Telephon	e:					
Title	Address:						
Title:	Address:						

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REFERENCES						
1 Name:		Telephone	:			
Title:		Address:				
2 Name:		Telephone	<u> </u>			
		,				
Title:		Address:				
3 Name:		Telephone				
5 Name.		relephone	•			
Title:		Address:				
Non-refundable application fee: \$775 plus tax						
Submissions will only be reviewed upon receipt of the application fee.						
Payments by credit card must be submitted electronically to dossier@atio.on.ca						
Applications paid with a cheque must be submitted via regular mail to:						
1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7						
(Please do not submit your submssion using both methods)						
		PAYMENT INFORMATIO	N			
Payment type:	Visa	MasterCard	Cheque (payable to ATIO)			
	The ATIO offi	ce will contact you to proces	s your payment.			
IMPORTANT, MUST-READ INFORMATION						
 You will be contacted by email if the Secretariat requires further supporting documents prior to submitting 						
your dossier to the Recognition and Certification Committee.						
 Non-required admission documents will not be consulted, conserved, or returned to applicants. These 						
documents will be destroyed as per our administrative procedure.						
	and and and and all the	SIGNATURE	all as a the ATIO selection			
		nstructions on this form as w	vell as on the ATIO website.			
☐ I have completed this form as indicated.☐ I have included the required documents.						
	•		his form and in the attached documents			
☐ I authorize the verification of the information provided on this form and in the attached documents Applicant's signature: Date:						

Please submit this form and all supporting documents to: dossier@atio.on.ca

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