



PROFESSIONAL LANGUAGE CERTIFICATION  
EXAMINATION APPLICATION

PLEASE NOTE: THIS IS NOT AN APPLICATION FOR EMPLOYMENT.			
LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	DAY TELEPHONE NUMBER (INCLUDE AREA CODE) (     -     )
STREET ADDRESS	APARTMENT/SUITE NUMBER	CITY	STATE     ZIP CODE
TESTING FOR CERTIFICATED LANGUAGES			
TEST OF INTEREST * (ONE TEST AT A TIME; CHECK ALL APPROPRIATE BOXES, FOR EXAMPLE, <input type="checkbox"/> MEDICAL INTERPRETER TEST, <input type="checkbox"/> WRITTEN TEST)			
<i>When registering for Medical or Social Services interpreter tests, you must take the written test first. You have to pass the written test before you can register for the oral test.</i>			
<input type="checkbox"/> Medical Interpreter Test:	<input type="checkbox"/> Written test - \$30.00 per attempt	<input type="checkbox"/> Oral test - \$45.00 per attempt	
<input type="checkbox"/> Social Services Interpreter Test:	<input type="checkbox"/> Written test - \$30.00 per attempt	<input type="checkbox"/> Oral test - \$45.00 per attempt	
	<input type="checkbox"/> Simultaneous test (retake only) - \$25.00 per attempt		
<input type="checkbox"/> Translator Test:	<input type="checkbox"/> English to target language - \$50.00 per attempt		
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
SCREENING FOR NON-CERTIFICATED LANGUAGES			
<i>When registering for Social Services interpreter screening or Medical Interpreters screening tests, you must take the written test first. You have to pass the written test before you can register for the oral test.</i>			
<input type="checkbox"/> Social Services Interpreter Screening test	<input type="checkbox"/> Medical 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		
Language: _____			
PREFERRED TEST SITE (MARK EVERY SITE YOU ARE WILLING TO TEST AT AND NUMBER IN PREFERENCE ORDER)			
<input type="checkbox"/> Everett	<input type="checkbox"/> Yakima	<input type="checkbox"/> Seattle	<input type="checkbox"/> Olympia <input type="checkbox"/> Spokane <input type="checkbox"/> Camas
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/Testing**

Please mail this completed form with your payment to: DSHS/LANGUAGE TESTING AND CERTIFICATION  
PO BOX 45820  
OLYMPIA WA 98504-5820

You will receive your confirmation letter and a pretest package within approximately one month from the date this Examination Application form and your payment are received.