



Medical Interpreter Training Application April 29, 2019 – May 3, 2019

The Glades Initiative Inc. is providing a medical/community interpreter training to bilingual employees of medical and other health and human service organizations. The training is also a valuable resource for bilingual health and human service providers. This application is for *Medical Interpreter Training*, a 40-hour basic training for bilingual individuals interested in becoming medical/ community interpreters.

Please print and fill out this application and return it via fax to 561-996-3349 or email to kengle@gladesinitiative.org as soon as possible, with a deadline of **Monday, April 22, 2019**. If you have any questions, please contact Karis Engle at 561-996-3310. Early registration for discount is **Friday, April 12, 2019**.

First Name: _____ MI _____ Last
Name _____

Gender: Male Female

Address: _____

City: _____ Zip Code: _____

Best number to contact: Telephone: _____ Cell: _____

Email: _____

Language to be assessed: _____

Percent of time providing language interpretation: _____ %

General availability hours/ days for screening: _____

Please provide the information that applies to you, IF NOT, simply write N/A on that section

PLACE OF EMPLOYMENT:

Organization: _____

Address: _____

Telephone: _____ Fax: _____

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SCHOOL OR OTHER SPONSORING ORGANIZATION

Organization: _____

Address: _____

Telephone: _____ Fax: _____

PLEASE READ THE FOLLOWING STATEMENT

I agree to undergo a telephone language screening (no more than 20 minutes) to assess my bilingual faculty as superior, good, fair or poor. I understand that if I receive a poor or fair screening, I will not be enrolled in the training but will be provided feedback and specific recommendations to improve my skills. **If I am enrolled in the course and I attend all 40 hours and pass the post-test with a score of 70 or higher, I understand that I will receive a Certificate of Completion. If I score lower than a 70, I understand that I will receive a Certificate of Attendance** and, at the discretion of the Program Director, may be given the opportunity to study further and retake the post-test at a later date.

Applicant Signature: _____ Date _____

Payment Information

How are you planning to pay for the training?

- Employer
- Personal
- Other: _____

We accept both check and credit card.