



## Medical Interpreters Training Application

Currently the health and human service sector in Palm Beach County does not systematically provide adequate or appropriate language access to Limited English Proficient (LEP) individuals. To that end, the Glades Initiative, Inc.'s Language Access Program seeks to provide medical/ community interpreter training and continuing education to Palm Beach County health and human service providers. This application is for *Medical Interpreters*, 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 as soon as possible, no later than **Friday March 19th, 2010**. If you have any questions, please contact Julio Mariaca at 561-996-3310.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Gender:  Male       Female

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Language to be assessed: \_\_\_\_\_

Percent of time providing language interpretation: \_\_\_\_\_%

General availability hours/ days for screening: \_\_\_\_\_



**Medical Interpreters Training – Application  
Page 2**

Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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I agree to undergo a telephone language screening (no more than 30 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 posttest 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 posttest at a later date.

Applicant Signature: \_\_\_\_\_

As the supervisor of the applicant named herein, I understand and agree to the terms as outlined above.

Supervisor Signature: \_\_\_\_\_