



## Medical Interpreter Training Application All Five Friday's in October 2021

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](mailto:kengle@gladesinitiative.org) as soon as possible, with a deadline of **Friday, September 24, 2021**. If you have any questions, please contact Karis Engle at 561-996-3310. Early registration for discount is **Friday, September 15, 2021**.

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 (IF applicable)

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

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

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

**PLEASE READ THE FOLLOWING STATEMENT**

I understand I may have 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.

I also understand that due to the health risks of COVID-19 that masks will be required for everyone involved and the class size will be limited to 15 participants to allow for social distancing.

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

**Payment Information**

How are you planning to pay for the training?

- Employer
- Personal
- Other: \_\_\_\_\_

We accept both check and credit card.