Register for



Medical Interpreter Training

SPACE IS LIMITED!

Don't miss the opportunity to attend the next Medical Interpreter Training by The Glades Initiative, Inc. offered in conjunction with Genesis Community Health.

This training will meet the Joint Commission requirements for trained interpreters at federally funded facilities. It will also meet the initial requirement for interpreters planning to apply for national certification.

Cost: \$400 (Limited scholarships available)

For more information, contact Karis Engle

The Glades Initiative, Inc. 141 SE Avenue C, Belle Glade, FL 33430



This is a 40-hour basic training for bilingual individuals interested in medical or community interpreting.

Topics Covered:

- Consecutive interpretation
- Specialized terminology, such as anatomy, physiology, and medical terminology
- Common medical problems
- Code of ethics
- Multicultural awareness
- Interpreter skill deveolpment

WHEN: January 24th, 26th, 31st February 2nd and 7th

WHERE: Genesis Community Health 2623 S Seacrest Blvd, Suite 65 Boynton Beach, FL 33435

Fax a completed application by **Wednesday**, **January 18**, **2017** to:

The Glades Initiative, Inc. 141 SE Avenue C, Belle Glade, FL 33430 Phone: (561)996-3310 Fax: (561)996-3349

Download your application now at:



Medical Interpreter Training Application January 24, 26, 31 and February 2 and 7, 2017

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 <u>via fax</u> to 561-996-3349 or email to <u>kengle@gladesinitiative.org</u> as soon as possible, with a deadline of **Wednesday, January 25, 2017.** If you have any questions, please contact Karis Engle at 561-996-3310.

First Name:	MI
Last Name	
Gender: ☐ Male ☐ Female	
Address:	
City:Zip Code:	
Best number to contact: Telephone: Ce	ll:
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 NO	Γ, simply write N/A on that section
PLACE OF EMPLOYMENT:	
Organization:	
Address:	
Telephone: Fax:	

Applicant Signature: _____ Date_____

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