



**BRIDGING THE GAP – MEDICAL INTERPRETER
2011 APPLICATION FORM**

Applicant's Personal Information: (please write legibly)

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Alternate Phone: (____) _____

E-Mail: (Required) _____
(Print Legibly)

Current Employer: _____

Job Title: _____

How often do you interpret?
Daily ___ A few times/week ___ A few times/month ___ Not very often ___

How many **total hours of interpretation** did you provide in the last 30 days? _____ Hours.

Have you interpreted in a medical setting before? (Please explain) _____

Statement of Purpose: How will this training enhance your ability to perform your job? _____

Sponsoring Agency Certification

It is the responsibility of the sponsoring agency to certify the level of language proficiency of each candidate. Please interview each candidate you sponsor and complete this form. Thanks!

Applicant's Language Information:

Candidate's name: _____

How many languages/dialects does the candidate speak? _____

Which are they? _____

What is the candidate's **native** language? _____

Please certify the fluency level of the candidate's dominant language in the following areas:

Reading	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Writing	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Speaking	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Translating	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Interpreting	_____ Proficient	_____ Semi-proficient	_____ Not proficient

What is the candidate's **target** language? _____

Please certify the fluency level of the candidate's target language in the following areas:

Reading	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Writing	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Speaking	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Translating	_____ Proficient	_____ Semi-proficient	_____ Not proficient
Interpreting	_____ Proficient	_____ Semi-proficient	_____ Not proficient

What is the candidate dominant language? _____

To be completed by Agency representative:

I certify the above levels of fluency for _____ (candidate)

Name: _____ Title: _____

Agency: _____ Date: _____

Sponsoring Organization Information:

Name of Sponsoring Organization: _____

Is this Agency: For-profit: Yes ____ No ____ Non-profit: Yes ____ No ____

Contact name: _____

Job title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ E-Mail: _____

Please include the following information with your application: Incomplete applications will not be accepted. Thanks!

1. **A letter from your sponsoring organization.** The letter should demonstrate that the organization understands the requirements from this training.
2. **Sponsoring Agency Certification and Agency Information** (included in application)
3. **A personal letter / statement of purpose.** Please state why you want to attend this training course and include a detailed description of how you will use this training with your sponsoring organization. You can add a separate letter if necessary.
4. **Attach a Resume / Curriculum Vitae describing your link to medical interpreting.**