

**UNIVERSITY OF MEMPHIS
 MASTER OF PUBLIC HEALTH PROGRAM
 HEALTH CARE INTERPRETER CERTIFICATE PROGRAM
 APPLICATION FORM**

Mail to:

**Health Care Interpreter Certification Program
 Public Health
 107 Scates Hall
 University of Memphis
 Memphis, TN 38152**

Please print clearly

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male: _____ Female: _____

Mailing address: _____ Zip: _____
Street City, State

E-mail address: _____ Fax: _____ - _____ - _____

Phone: (Home): _____ - _____ - _____ (Work): _____ - _____ - _____ (Cell): _____ - _____ - _____

Emergency contact and phone number: _____ - _____ - _____

Employer: _____

What language do you speak at home or with your family and friends?

Language(s) and/or dialect(s): #1 _____ #2 _____ #3 _____
 (If you have more than 3, indicate on back of form. Do not include English.)

How well do you speak?	None	Poor	I can interact with an interviewer using this language.
Language/dialect #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well do you read?	None	Poor	I read and understand health related information and newspaper in this language
Language/dialect #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well do you write?

None Poor I can translate and write simple instructions accurately. (E.g., take one tablet three times a day)
I can write a resume in this language.

Language/dialect #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What language(s) and/or dialect(s) do you plan to interpret in? _____

Where did you hear about this training program? _____

Educational Background: *(Check more than one if applicable.)*

Please circle the highest grade or degree completed. Specify your major where appropriate and specify country if not United States.

Grades: 1 2 3 4 5 6 7 8 9 10 11 12	Bachelors (BA/BS)	Masters (MA/MS)	PhD/MD
Major/Specialty: _____	_____	_____	_____
Country: _____	_____	_____	_____

Have you taken a medical terminology course? Yes No

Where did you take this course? _____

How long was the course? _____

Have you had training in health care interpreting? Yes No

Name of program: _____ Length of program: _____

Experience: *(Check more than one if applicable.)*

I am currently working as a health care interpreter or have had experience in health care interpreting. (If you checked this statement, complete information requested below.)

Length of experience: 1-6 mo. 1 yr. over 1 yr. over 2 yr. over 3 yr.
Number of interpreting encounters: less than 25 25-50 50-100 over 100

- I have no professional experience in health care interpreting.
- I am currently working in a health care setting as: _____
- I have written translation skills.

AGREEMENTS:

1. I am able to arrange time to attend all required classes and will be responsible for all required work.

(Winter 2009 classes are held every Tuesday from 5:30 p.m. to 8:30 p.m. Classes will be held at the University of Memphis. The building and room will be announced as soon as possible. The first day of class will be on 1/20/2009, and the last day will be on 3/24/2009.)

2. I will be responsible for attending the Practicum at St. Jude Children’s Research Hospital during the ten-week session.
3. I am aware that this is a ten-week program and I am committed to attending the entire program.

Applicant’s Name

Applicant’s Signature

Date

You also must complete a payment form and submit it to the Bursar’s Office at the address on the form.