UNIVERSITY OF MEMPHIS
SCHOOL OF PUBLIC HEALTH
HEALTH CARE INTERPRETER PROGRAM
Registration Form

Last Name ____________________ First Name ______________ Middle Name: ______________

Date of Birth: _______________ Place of Birth: _________________________________________

Gender:    Female_____    Male _______   Social Security Number: ____________________________

Address: _____________________________________________________________________________

City: _________________________________ State: ________________  Zip Code: ________________

Telephone Number:  Primary______________________   Cell Phone: ____________________________

Primary Email Address: ________________________________________

Employer: _________________________________________________________________________

Emergency contact name and phone number: ___________________________________________

What is your primary language?_____________________________________________

Rate your proficiency in   Reading______  Writing_______   Speaking_________
(Note:  Use 1 for very good, 2 for good, 3 for average and 4 for needs improvement)

What is your secondary language? __________________________________________

Rate your proficiency in   Reading_______  Writing________  Speaking________
(Note:  Use 1 for very good, 2 for good, 3 for average and 4 for needs improvement)

Experience (Circle more than one, if applicable)

1. I currently work as a healthcare interpreter, or have had experience in healthcare interpreting. Length of experience: _______________________________
2. Where and how did you get your experience? _____________________________________
____________________________________________________________________________
3. I have no professional experience as a healthcare interpreter ___________________
4. I am currently working in a health care setting as: _______________________________
5. I have written translation skills. _____________________________
6. Other: ________________________________________________________________________

Education: Mark your highest educational level:

□ High School Diploma
□ Bachelor Degree
□ Master Degree
□ PhD

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**Agreements: Please read each statement carefully and sign, if you agree to comply.**

1. I will be able to arrange time to attend all required hours, and will be responsible for all required work. I understand that I may have to ask permission in my workplace to do my Practicum hours during business hours.

2. I will be responsible for doing the Practicum. I understand that the Healthcare Interpreter Program instructor must approve the site. I also agree that I need to meet the requirements of each hospital in order to do my Practicum hours with them.

3. I am aware that this is a seventy-hour (70) program: sixty (60) hours in the classroom, and a minimum of ten (10) hours doing the Practicum. I am committed to attend and complete both.

4. I understand that I have to complete the entire program before getting my certificate.

5. I fully understand that this is an intensive course. I will need to put time aside to do my homework and assignments.

6. I also understand that, once I receive my certificate of completion, I will need to continue reviewing all the material covered in class, and try to gain experience as a medical interpreter by doing some volunteer work, or by participating in a mentoring program, if possible.

7. I am aware that my ultimate goal as a medical interpreter should be to take the National Certification Exam(s) in order to be nationally board certified.

Applicant’s Signature: ________________________________ Date: ____________________

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Please complete this form and email it, as an attachment to:

**Espi Ralston, Program Director and Instructor**

**Email:** espiralston@gmail.com

For information regarding the course, contact:

Ms. Espi Ralston
Health Care Interpreter Certificate Program Instructor
espiralston@gmail.com
Phone: 901. 218 4691

All registration fees must be paid in full BEFORE the course begins. Course payment period will be announced by the instructor. **Please do not pay until the instructor notifies you. Thank you!**

There must be a minimum of 10 students for the class to be offered. You will be notified by the instructor.