

UNIVERSITY OF MEMPHIS
SCHOOL OF PUBLIC HEALTH
HEALTH CARE INTERPRETER PROGRAM
Registration Form (please read both pages)

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(basic written forms, post-op/procedure instructions, some medication instructions) _____
6. Other: _____

Education: Mark your highest educational level:

☐ High School Diploma

☐ Bachelor Degree

☐ Master Degree

☐ PhD



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 am aware that this is a forty-hour course: forty hours in the classroom, with the possibility of doing some Practicum hours, if approved by our hospital and clinic partners.
3. I fully understand that this is an intensive course. I will need to put time aside to do my homework and assignments.
4. 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.
5. 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: _____

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

1. Dr. Marian Levy

Associate Dean, School of Public Health
University of Memphis School of Public Health
232 Robison Hall
Memphis, TN 38152
mlevy@memphis.edu
fax: 901 678 0372

AND ALSO TO:

2.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.