

UNIVERSITY OF MEMPHIS  
SCHOOL OF PUBLIC HEALTH  
HEALTH CARE INTERPRETER PROGRAM

Registration Form (please read both pages) Level I

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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: Fill in the blanks and/ or circle the number according to the question.

1. I currently work as a healthcare interpreter at \_\_\_\_\_
2. I have worked as a healthcare interpreter for \_\_\_\_\_ (year, months)
3. I have no professional experience as a healthcare interpreter. \_\_\_\_\_
4. My current job is not as an interpreter. I work as \_\_\_\_\_
5. I currently live in \_\_\_\_\_

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.
2. I am aware that this is a 60-hour course offered remotely.
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 materials 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 goal as a professionally qualified medical interpreter should be to take the National Certification Exam(s) to be nationally board certified in the future.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

1. Dr. Marian Levy [mlevy@memphis.edu](mailto:mlevy@memphis.edu)  
Associate Dean, School of Public Health  
University of Memphis School of Public Health

**AND ALSO TO:**

2. Espi Ralston, Program Director and Instructor

**Email:** [eralston@memphis.edu](mailto:eralston@memphis.edu) (UOM email address), and [eleygualda@gmail.com](mailto:eleygualda@gmail.com)

For information regarding the course, contact:

Ms. Espi Ralston

Health Care Interpreter Program Director and Course Instructor

[eleygualda@gmail.com](mailto:eleygualda@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 15 students for the class to be offered and will be notified.