

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. *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 _____ (years, 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

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 (UOM email address), and eleygualda@gmail.com

For information regarding the course, contact:

Ms. Espi Ralston

Health Care Interpreter Program Director and Course Instructor

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.