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.