UNIVERSITY OF MEMPHIS
SCHOOL OF PUBLIC HEALTH
HEALTH CARE INTERPRETER PROGRAM

Registration Form (please read both pages)  Level I ☐  Level II ☐

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 (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

1
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 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 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 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: espiralston@gmail.com

For information regarding the course, contact:
Ms. Espi Ralston
Health Care Interpreter Program Director and Course 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 and will be notified.