



# Interpreting in Health & Community Settings Rewards Referral Discount Form

**\*\*\*If you are currently enrolling in an IHCS course, you can complete your referral on your registration form. You only need to complete this form if you are not currently enrolling in an IHCS course but would like to use your discount in the future\*\***

## PERSONAL INFORMATION:

<b>Full Name:</b>		
Primary (preferred) Phone:	Name of Organization:	
Secondary Phone:	Street Address:	
Email Address:	City & Zip code:	
Street Address:	Job Title:	
City & Zip code:	Age range: (Please ✓ one) <input type="checkbox"/> under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> over 60	Gender: (Please ✓ one)  <input type="checkbox"/> Male <input type="checkbox"/> Female
The following question is helpful for us but not mandatory to answer. Please (✓) the boxes which apply to you.		
<b>Race/Ethnicity:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino		
Target Language:		
Have you taken the IHCS Medical Interpreter Certification Course? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## REWARDS REFERRAL DISCOUNT PROGRAM

<b>Who would you like to refer?</b>
Colleague's name _____
Target Language _____
Colleague's email address _____
Colleague's phone number _____



## *Interpreting in Health & Community Settings Rewards Referral Discount Form*

For each \*qualifying referral, you will be awarded a \$50 discount on your IHCS Medical Interpreter Certification course or a \$25 discount on an IHCS Advanced Medical Interpreter Continuing Education training course!

### **NEXT STEPS:**

If you are unable to complete this form online, please send in one of the following ways

- 1) Email to Sonya Perea at [perea@easternctahec.org](mailto:perea@easternctahec.org)
- 2) Fax to EAHEC at (860) 760-6230
- 3) Postal Mail to: Eastern Area Health Education Center  
Medical Interpreter Training Program  
One Sylvandale Rd.  
Jewett City, CT 06351

You will receive an e-mail confirmation detailing further information about your Rewards Referral Discount. If you do not receive an e-mail confirmation with 1 week, please contact Eastern AHEC at (203) 671-4685.

### **PLEASE NOTE:**

In order for you to be awarded the Rewards Referral Discount, the colleague you refer must list you as the source of Referral in the Rewards Referral Section of their registration form.

\*Qualifying means that the referred colleague must pass their language assessment test and enroll in an IHCS Medical Interpreter Certification Course.

The Rewards Referral Discount is applied when full tuition is processed. Therefore, the referred colleague must have completed their language assessment and be enrolled in an Interpreting in Health and Community Settings Course by that time.

Only private payers, not organizations, are eligible for the Rewards Referral Discount Program.

You may only apply 1 Rewards Referral Discount towards each course's tuition.