



Interpreting in Health & Community Settings 2010 Participant Profile and Registration Form

PERSONAL INFORMATION:

Full Name:

PLEASE PRINT NAME EXACTLY AS IT SHOULD APPEAR ON YOUR CERTIFICATE

Primary (preferred) Phone:	Name of Organization:
Secondary Phone:	Street Address:
Email Address:	City & Zip code:
Street Address:	Job Title:
City & Zip code:	

NATIVE/SECONDARY LANGUAGE (S)

TRAINING INTEREST

Country of origin:	Location of Class:
Native Language (s):	First Class Date:
	Language Proficiency Assessment only: (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
Language (s) you speak fluently:	Target Language for assessment:
Language (s) you write fluently:	

1. Do you have any interpreting experience? Yes No If, yes proceed to next question. If no, please skip to question 5.
2. How long have you been interpreting for? Please check one.
 less than a year 1-2 years 3-4 years 5 or more years
3. How often do you provide interpreting services? Please check one: rarely seldom
 always
4. What type of settings do you interpret for?
 Medical Community (e.g. church, family) Social Service Other, please specify:
5. Have you ever participated/attended any prior interpreter trainings? Yes No
If yes, What type? How long?



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6. What do you most want to learn/ gain from this training (skills, focus areas, etc.)?

7. How did you hear about the training? Please ✓ one that applies to you :

Internet search List-serve _____ Employer Other _____

I agree to complete the entire training course, "Interpreting in Health and Community Settings." I understand that I will receive an e-mail confirmation with directions and further details of the course. I will not be considered registered for this course until I receive this confirmation. If I do not receive an e-mail confirmation, I will contact Eastern AHEC at (203) 671-4685.

Signed: _____ Date: _____

REGISTRATION FORM INSTRUCTIONS

1. Send the completed **Registration form** and your **Resume** to Eastern AHEC.
2. Send **payment** payable to Eastern AHEC, Inc.
 - Check Money Order Purchase Order Credit Bill agency sponsor
 - Other: _____

CANCELLATION POLICY:

Eastern AHEC reserves the right to cancel any activity and will fully refund participants as stated below.

Participants who cancel three working days **before** the event will receive a full refund. Cancellations after the deadline will **not** be refunded. Participants may use their payment toward another training event within the same calendar year.

3. Send form and payment to:

Eastern Area Health Education Center
Medical Interpreter Training Program
One Sylvandale Rd.
Jewett City, CT 06351

www.easternctahec.org

Forms can also be faxed (860) 760-6230 or e-mailed to: rosado@easternctahec.org

Office use only: Date received: _____ Payment type: self employee sponsored

Other: _____ Payment amount received: _____ Staff initials: _____

Date of proficiency assessment: _____ Status: Pass Fail

If applicable partial scholarship recipient: Yes No

