

**UNIVERSITY OF MEMPHIS
 MASTER OF PUBLIC HEALTH PROGRAM
 HEALTHCARE INTERPRETER CERTIFICATE PROGRAM
 REGISTRATION FORM**

Mail to:

**HEALTHCARE INTERPRETER CERTIFICATE PROGRAM
 UNIVERSITY OF MEMPHIS
 107 SCATES HALL
 MEMPHIS, TN 38152**

Please print clearly

Name: _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male: _____ Female: _____

Mailing address: _____ Zip: _____
 _____ Street _____ City, State

E-mail address: _____ Fax: _____ - _____ - _____

Phone: (Home): _____ (Work): _____

Phone: (Cell): _____

Emergency Contact and phone number: _____

Employer: _____

What language do you speak at home or with your family and friends?

Language(s) and or dialect(s): #1 _____ #2 _____ #3 _____
 (If you have more than 3, indicate on back of form. Do not include English)

How well do you speak?	None	Poor	I can interact with an Interviewer using this language.
Language/dialect #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well do you read?	None	Poor	I read and understand health related information and newspaper in this language
language/dialect #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

language/dialect #2
language/dialect #3
English

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well do you write?

None Poor I can translate and write simple Instructions accurately. (E.g., take one tablet three times a day)

I can write a resume in this language.

Language/dialect #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/dialect #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language/ dialect #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What language(s) and or dialect(s) do you plan to interpret in: _____

Where did you hear about this training program? _____

Educational Background: *(Check more than one if applicable)*

Please circle the highest grade or degree completed. Specify your major where appropriate and specify country if not United States:

Grades: 1 2 3 4 5 6 7 8 9 10 11 12 Bachelors (BA/BS) Masters (MA/MS) PhD/MD

Major/Specialty: _____

Country: _____

Have you taken a medical terminology course? Yes No

Where did you take this course? _____

How long was the course? _____

Have you had training in health care interpreting? Yes No

Name of program: _____ Length of program: _____

Experience: *(Check more than one if applicable)*

I am currently working as a health care interpreter or have had experience in health care interpreting. (If you checked this statement, complete information requested below:)

Length of experience: 1-6mo. 1yr. over 1 yr. over 2 yr. over 3yr.

Number of interpreting encounters: less than 25 25-50 50-100 over 100

- I have no professional experience in health care interpreting.
- I am currently working in a health care setting as: _____
- I have written translation skills.

AGREEMENTS:

1. I am able to arrange time to attend all required classes and will be responsible for all required work.

(Fall 2007 classes are held everyThursday from 5:30:00 PM to 8:00 PM. Classes will be held at the University of Memphis, 107 Scates Hall. The first day of class will be on 10/11/07, and the last day will be on 12/13/07.)

2. I will be responsible for attending the Practicum at St. Jude Children’s Research Hospital during the ten-week session.
2. I am aware that this is a ten-week program and I am committed to attending the entire program.

Applicant’s Signature

Date

Applicant’s Name

Date

**UNIVERSITY OF MEMPHIS
MASTER OF PUBLIC HEALTH PROGRAM
HEALTHCARE INTERPRETER CERTIFICATE PROGRAM
PAYMENT FORM**

Detach and submit with payment.

Please print clearly

Name: _____ Social Security
#: _____

Mailing address: _____ Zip: _____
_____ Street _____ City, State

E-mail address: _____ Fax: _____ - _____ -

Phone: (Home): _____ (Work):

Phone: (Cell): _____

PAYMENT INFORMATION

Registration

\$850.00

BY CHECK:

Make checks payable to:
University of Memphis

Send completed form and payment to:
University of Memphis
PO Box 1000, Department 313
Memphis, TN 38148-0313

BY CREDIT CARD:

Credit Card # _____

Expiration Date _____

Signature _____ Date _____

Fax credit card payments and completed form to: 901-678-2772
or mail to:

University of Memphis
115 Wilder Tower
Memphis, TN 38152-3520

REFUND POLICY: NO REFUNDS WILL BE GIVEN UNLESS THE PROGRAM IS CANCELLED BY THE UNIVERSITY OF MEMPHIS.