



## The Cross Cultural Health Care Program

1200 12<sup>th</sup> Ave. S, Suite 1001 Seattle, WA 98144-2712  
T. 206-860-0329 F. 206-860-0334 [www.xculture.org](http://www.xculture.org)

### Bridging the Gap Medical Interpreter Training Program

November 9 – December 5, 2020

\*Excludes Veteran's Day and November 25-28\*

Monday – Friday, 4:00 pm – 6:00 pm Pacific Time

Saturdays, 9:00 am – 12:00 pm Pacific Time

\*please be sure to check your local time zone\*

### Online Zoom Course

### APPLICATION INFORMATION

Bridging the Gap is a professional development program that prepares bilingual individuals to work as medical interpreters. This 40-hour class is used to train novice and experienced medical interpreters, and it is accepted by both accredited national certifying bodies, the Certification Commission for Healthcare Interpreters (CCHI) and the National Board of Certification for Medical Interpreters (NBCMI). No interpreting experience is required to take the class.

This course covers:

- **Basic interpreting skills.** Roles, ethics, conduit and clarifier interpreting, managing the flow of the session.
- **Codes of ethics.** Codes of ethics and decision-making for interpreters in health care.
- **Integrated medical terminology, anatomy, and physiology.** Introduction to common terms, procedures, and specialties relating to human physiology and health.
- **Information on health care systems.** Introduction to the health care systems and types of health care providers.
- **Culture in interpreting.** Self-awareness, basic characteristics of specific cultures, traditional health care in specific communities, culture brokering.
- **Communication skills for advocacy.** Listening skills, communication styles, how doctors think, appropriate advocacy.
- **Professional development.** Effective communication, professional conduct, self-care, resources for professional growth.

### About the Class

**Total tuition: \$750.00**

This class is being offered at a one-time discount of over 20% off, for these dates only. Includes non-refundable \$150 registration fee, course textbook, bilingual medical glossary if available in your target language (if not available participants will receive an English-English glossary), the *Guide to Common Medications*, and a signed Certificate of Successful Completion, if applicable. **For this class, please have reliable internet and**



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**a computer with a working camera/webcam and microphone.** Having headphones and a workspace with minimal distractions is also encouraged.

**Training dates and times:** **November 9 – December 5, 2020**  
**Monday – Friday, 4:00 pm – 6:00 pm PT**  
**Saturdays, 9:00 am – 12:00 pm PT**  
\*Excludes Veteran’s Day and November 25-28\*  
**Online Zoom Course**

Participants **must attend all hours of the training.** CCHCP reserves the right to cancel a class that does not have minimum enrollment. If CCHCP cancels a class, the \$150 registration fee will be refundable.

### Admission Requirements

#### Minimum age and education

Participants must be 18 or older and have a high school degree or the equivalent. Proof of high school graduation or GED, etc. is required.

#### Proof of language proficiency

Participants must be bilingual in English and at least one other language, and proof of proficiency in both languages is required to enroll in the class. Proof of proficiency can be **copies of any one of the following documents:**

- High school diploma or equivalent, or university/college degree from a school using the assessed language(s)
- 5 or more years of verified professional experience working in the language(s) being assessed
- State or federal court interpreter certification
- Oral language exam results with scores equivalent to ACTFL Advanced Mid-level or ILR Level 2

If applicants do not have any prior proof of language proficiency, the registration process will include a speaking and listening assessment conducted over the phone. These are scheduled through ALTA Language Services on a weekday at a time that is convenient for the applicant. Once a language assessment is scheduled, the applicant will receive a phone number to call and instructions to begin the assessment, which is approximately 20-40 minutes long. The maximum possible score is 12; a 9 or higher is required for admission.

### Bridging the Gap Registration & Enrollment Procedure:

1. Please submit the following via email:
  - Completed registration form
  - Copy of high school diploma, GED certificate, or university/college degree
  - Proof of language proficiency (if available)

Applications can be submitted via:

**Email:** [bridgingthegap@xculture.org](mailto:bridgingthegap@xculture.org)

**Mail:** See above mailing address

2. Payment of \$150 non-refundable deposit via credit card, check, money order, or cash. Checks and money orders should be made out to The Cross Cultural Health Care Program, or CCHCP. Credit card



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payments can be made over the phone. Any necessary language assessments will be scheduled and conducted upon receipt of the deposit.

3. Once we have received proof of language proficiency or proficiency assessment results, you will receive an email message to complete the enrollment process. You will also receive an email message if you did not pass the language proficiency assessment.
4. Confirm your attendance and pay the remaining tuition balance.

### Deadlines

Application materials and payment *must* be received by the following dates.

#### Friday, October 2

- Deadline to receive \$50 Early Bird discount. All materials must be submitted and non-refundable deposit must be paid

#### Thursday, October 19:

- Application form
- Non-refundable deposit
- Proof of high school graduation
- Proof of language proficiency (if available)

#### Thursday, October 23:

- Remaining tuition fees

### Refund Policy

Unless a class is canceled by CCHCP, the \$150 registration fee is non-refundable. However, if a course applicant becomes unable to attend a course they had registered for, the deposit can be held for one calendar year from the start date of the original course registered for.

For the remaining costs, the refund policy is as follows:

Up to 1 week before class starts	100%
1-6 days before class starts	75%
After class starts	25%
<b>Note:</b> Instead of refund, applicants can choose to leave their balance paid to CCHCP to use for another class within one (1) calendar year from the start date of the class originally applied for.	

CCHCP reserves the right to remove any participant who interferes with or causes disruption in the learning environment. Refunds will not be issued to participants who are removed.



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### Certificates of Successful Completion

A Pre-Test and a Final Test will be given to measure participants' improvement before and after the training. **Certificates of successful completion will be awarded to participants who score 70% or better on the Final Test.** Participants will be notified via email about their test results within one week of completing the course. Certificates will be mailed within two weeks after the training.

Participants who do not pass the Final Test are permitted one retake within a 3-month period. If a participant does not pass the Final Test after the permitted re-take, CCHCP will not issue a certificate of successful completion.

**Students must attend all hours of the training and pass the Final Test to earn a certificate of successful completion.** This certificate can be used as proof of training for national certification and other bodies that require proof of training.

Receiving a BTG certificate of completion is proof that a participant is a **trained medical interpreter**. In order to become a **nationally certified medical interpreter**, participants who successfully complete the course should take and pass national certification exams through the National Board of Certification for Medical Interpreters ([www.certifiedmedicalinterpreters.org](http://www.certifiedmedicalinterpreters.org)) or the Certification Commission for Healthcare Interpreters ([www.cchicertification.org](http://www.cchicertification.org)). Some states may have their own state certification exams to be a state-certified medical interpreter.

### Additional Information

All our communication will be primarily by e-mail. Please make sure your email address is working and check it regularly. If you have not heard from us in a reasonable amount of time, please call us at 206-860-0329.

Please retain pages 1-4 for your records. Do not mail these with your completed registration form.

Thank you, and we look forward to hearing from you!

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Do not fax or mail them with your completed registration form.



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### Bridging the Gap Medical Interpreter Training APPLICATION FORM

Please submit by email

**Dates**                    **November 9 – December 5, 2020**  
**Monday – Friday, 4:00 pm – 6:00 pm PT**  
**Saturdays, 9:00 am – 12:00 pm PT**  
\*Excludes Veteran's Day and November 25-28\*  
***Online Zoom Course***

**Deadlines**    **Application form, deposit, final payment, proof of high school graduation, and proof of proficiency (if applicable): Thursday, October 23, 2020**

Payment may be made by check, money order, cash or credit card. Checks are payable to: **The Cross Cultural Health Care Program** (or **CCHCP**). For credit card payment please email [bridgingthegap@xculture.org](mailto:bridgingthegap@xculture.org) to schedule an over-the-phone payment arrangements.

Name: \_\_\_\_\_

Occupation (if self-employed or seeking employment, please indicate here):  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred day and time for language proficiency assessment: \_\_\_\_\_  
(We will try to meet this to the best of our ability.)

Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Third Language, if any: \_\_\_\_\_

Preference for address (he, she, etc.): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Please note:** Language assessments are required for applicants without other proof of proficiency. We will notify applicants of their language assessment schedule upon receipt of application form and non-refundable deposit of \$150.

**Only if applicable**

If someone else or another organization is paying for your course fees, please fill out the following section.

Name of Sponsoring Organization: \_\_\_\_\_

Contact Name at Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please choose the medical glossary you would like to receive for the class. It should be the same language that you are submitting language proficiency for. If the language you want is not on this list, please select English.

### Publications List

<b>Publication</b>	<b>Cost</b>	<b>Date</b>
Amharic	\$30.00	1999
Arabic	\$30.00	2006
Bengali	\$30.00	2004
Bosnian	\$30.00	2004
Cambodian (Khmer)	\$30.00	2011
Chinese	\$35.00	2011
English	\$35.00	2004
Farsi (NEW)	\$38.00	2016
French	\$30.00	2004
Haitian	\$30.00	2004
Hindi	\$30.00	2004
Japanese	\$35.00	2009
Karen/Burmese	\$38.00	2011
Korean	\$30.00	1996
Lao (REVISED)	\$38.00	2016-rev
Marshallese (NEW)	\$38.00	2016
Nepali	\$30.00	2011
Polish	\$30.00	2004
Portuguese	\$30.00	2004
Russian	\$30.00	2004
Somali	\$30.00	1999
Spanish	\$35.00	2003
Tagalog (NEW)	\$38.00	2016
Tigrigna	\$30.00	1999
Urdu	\$30.00	2004
Vietnamese	\$30.00	2004