



UPMC OF CENTRAL PA IS LICENSED BY THE CROSS CULTURAL HEALTH CARE PROGRAM (CCHCP) OF SEATTLE, WA TO OFFER BRIDGING THE GAP MEDICAL INTERPRETER TRAINING

MEDICAL INTERPRETER TRAINING APPLICATION

Please read the Application Guide prior to completing any additional information.

1. Please complete all information if it is not applicable write n/a.
2. Incomplete or unsigned applications will not be processed.
3. We ask that you submit documents which confirm your identify, ex. ID, License, Passport, etc.
4. Attach Resume - Please upload your resume in a .doc, .docx, or .pdf format.
5. A pre-assessment is required to determine your bilingual skills.
6. Any omissions, falsifications, or misrepresentations will constitute grounds for disqualification and you will not be allowed to participate in the course.
7. This Application is valid for only 1 year from the date of application. If you wish to be considered for the course after the subsequent date, a new application and language assessment must be completed.

Date of application: _____

APPLICANT INFORMATION

Last: _____ **First:** _____ **Middle Initial:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____

Last four of your Social Security Number: _____ *(This is for the pre-assessment)*

U.S. Citizen: YES NO

If NO, please complete the following: Type of Visa: _____ **or Alien Registration #:** _____

Preferred method of communication Email Phone

EDUCATION INFORMATION

*OFFICIAL TRANSCRIPTS MAY BE REQUESTED (If education is not from the U.S.)
(Please attach a copy of your High School, Undergraduate, or Graduate diploma)*

Have you completed High School or its equivalent? YES NO

Name and Location of High School: _____

Dates Attended: _____ YES NO

Name and Location of College or University Attended (Graduate School): _____

Major: _____ **Degree:** _____

Name and Location of College or University Attended (*Graduate School*): _____

Major: _____ Degree: _____

Name and Location of Business/Technical School: _____

Certification/Other: _____

Current Profession: _____

If applicable Professional License Number: _____

LANGUAGE INFORMATION

Please list the non-English languages you speak, what level of education you have in each language, and how many years you have spoken that language.

Language(s): _____ **Country of Origin** _____

Skills: Read Write Speak

Language 1: _____ **Education Level:** _____ **Number of Years Spoken:** _____

Language 2: _____ **Education Level:** _____ **Number of Years Spoken:** _____

Language 3: _____ **Education Level:** _____ **Number of Years Spoken:** _____

Dates you would like to attend: _____

Please attach your resume and any supporting documents by uploading in the following formats, .doc, .docx, or .pdf.
Paper copy is always welcomed.

The total fee for the course is \$575. A non-refundable deposit of \$70.00 for Language Assessment and \$150.00 for the course is required to reserve your spot. (*The remaining balance of \$425.00 is due before the first day of class.*)

*Please fax the completed application to 717-703-0075 or send via email to:
Elisabeth Pérez at perez2@upmc.edu.*

If you would like to bring the application in personally, please call 717-782-5522. You can also mail your application to:

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