

The Essential Piece

Registration Form

Name _____

Street (Home) _____ Apt # _____

City _____ State _____ Zip _____

Telephone _____ (Home) _____ (Work) _____ (Cellular)

Email _____ (Home) Email _____ (Work)

Employer _____
(If individual, leave blank)

Department _____

Street (Employer) _____

City _____ State _____ Zip _____

Do you prefer to be contacted at: Work Home

Best times to reach you: _____

Language _____ Country of Origin _____
(optional)

Training Locations Elmhurst, NY Newton, MA
October 27, 2006 through December 1 Saturdays, January 6, 2007 through March 10

Deposit \$300.00 Payt. In Full \$ _____ Balance Due \$ _____

Purchase Order. PO# _____

Payment Terms and Conditions:

Once your application and payment has been received, you will be scheduled for a telephonic language assessment in English and your selected language of training. Proficiency in these two languages is required for admission into the training program. If you do not have enough proficiency to be admitted to training program, you will receive a full refund minus a \$50 language assessment fee.

Upon completion of these sessions, training participants are evaluated for proficiency in medical interpreting and knowledge of medical vocabulary and medical interpreting principles. Only participants who demonstrate proficiency in evaluations and have attended training sessions are granted a "Certificate of Successful Completion". Those who do not successfully complete these assessments will have an opportunity to be screened at a later scheduled date.

Enrollment in and attendance of the course does not guarantee that a certificate will be granted.

Please sign and date your registration form _____