

Oregon Spanish Health Care Interpreter Training
Application – DUE August 22, 2018
(Page 1 of the 4 Page Application)

Please print

Date: _____ **Applicant's Name:** _____

Address: _____

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

Daytime/Message Telephone: _____ **Cell Phone:** _____

Best Time to Call: _____ **Email Address:** _____

Date of Birth: ____/____/____ (required) **(Check one):** Male Female

Education:

A High School Diploma is required to qualify for this course. Please attach a copy of your High School Diploma with your completed application.

City, state, country diploma was earned: _____

Primary language of country diploma was earned: English Spanish

Do you have a college degree? Yes No

Degree obtained: _____ **If yes, date of completion:** _____

List colleges or universities previously attended (including country if not in USA):

Please tell us about your work and experience:

Do you have any health care certifications or licenses? Yes No

If your answer is yes to the question above, please indicate: _____

Current Job: _____ **Department:** _____

Briefly describe your job duties: _____

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I work at _____ (name of facility), in
_____ (town/community in Oregon) approximately _____ hours per (week
or month – circle one).

Work Role: Do you currently work as a health care interpreter or bi-lingual worker in a healthcare environment (in a hospital, health or mental health department, or health clinic)? Yes No

Length of Experience: How many years of experience do you have interpreting?

Medical _____ Other _____

What do you consider your native (first) language?

Spanish English Other _____

Do you read, write and speak in both languages? Please describe abilities:

Do you have any teaching skills or an interest in training to be a Health Care Interpreter Trainer?

Name of person to whom you've given attached reference form:

Do you have a computer with a reliable high-speed internet connection? Yes _____ No _____

Supplemental Questions

Please hand write your answers to the following four questions in the language specified. You may include another page if more space is needed. Do not complete this on a computer.

1. Please hand write your answer to this question in **English**:
How do you plan to use the Health Care Interpreter Training when you have completed the training?

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2. Please hand write your answer to this question in Spanish:
What strengths and background experiences do you have that would support your success as a Health Care Interpreter?

3. Please hand write your answer to this question in English:
Have you ever worked with Spanish speaking populations? (Describe)

4. Please hand write your answer to this question in Spanish:
What drove you to pursue training to become a Health Care Interpreter?

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Applicant Signature: By signing this application, I am confirming that it has been completed by the applicant being considered to participate in the Bilingual Spanish Health Care Interpreter Training. I understand that Central Oregon Community College will review the application and related documents. Acceptance into the course is based on fluency in both spoken and written English and Spanish and is not guaranteed until the applicant has received communication from COCC that he/she is accepted into the course.

Applicant signature: _____ **Date:** _____

Documents Attached (please check):

_____ **Copy of High School Diploma/GED**

_____ **Reference form (If not included, please indicate how it will get to us. COCC is not responsible for following up on your reference form.)**

_____ **Language Proficiency documentation in Spanish and English (See page 11 for acceptable documents.)** _____

Please submit your application form to arrive by August 22, 2018 to:

Nancy Jumper-Central Oregon Community College
2600 NW College Way
Bend, OR 97703
Fax 541.383.7503
Phone 541.383.7270

Note: If you plan to drop off your application, please call ahead to get directions, as Nancy Jumper's office is not on the main Bend COCC campus.