

**Letter of Agreement for Participation
Spanish Health Care Interpreter Training
Central Oregon Community College-Continuing Education
September 22, 2018 – March, 2019**

Please initial next to each statement indicating your understanding.

_____ I understand that this course requires completing self-study assignments each week including reading, watching videos, listening to recordings, completing written homework assignments, and taking quizzes. I understand that weekly assignments are due on the stated deadline and will not be accepted after this date. Assignments are available for a one-week period, so I must manage my time to avoid falling behind.

_____ I have regular access to a reliable computer with high-speed internet, camera, speakers and microphone to participate in the evening “virtual” sessions throughout the course. I am required to keep my camera on during virtual sessions.

_____ I understand that 100% attendance is required to successfully complete the Health Care Interpreter course. This includes attendance to all virtual, classroom, practice and simulation sessions. The exception is the orientation, which can be done virtually for students living outside the Central Oregon region (materials will be mailed to students).

_____ I understand that I must pass each phase of the course in order to proceed to the next phase:

- Interpreting Basics must be passed at 80% or better to proceed to the Integrated Phase.
- The Integrated Phase (Anatomy, Physiology and Terminology) and the final written comprehensive exam must be passed with 80% or better to proceed to the clinical practicum.
- The clinical practicum must be passed with 80% or better to proceed to the final oral exam.
- The final oral exam must be passed with 80% or better to pass the entire course.

_____ I will not use machine translation tools (such as Google Translate, etc) to complete written translation homework assignments. I acknowledge that using such tools does not build my writing skills in Spanish.

_____ I understand that I must initiate my criminal history check using COCC’s service and complete required TB (tuberculosis) testing at my own expense, prior to the deadline to proceed to the clinical practicum. I will also complete all clinical site required training (example: online computer learning modules on ethics, privacy, etc).

_____ I understand that there are no refunds for fees paid after the stated registration deadline (August 29) even if I am unable to complete the course.

Student Signature _____ Date: _____

Print Name: _____ COCC ID or DOB: _____