



## Bridging the Gap: Basic Training for Medical Interpreters

### APPLICATION

*(please type or print clearly)*

Class Dates: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

*(Street/City/State/Zip)*

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

**\*If you are being sponsored by an organization, please complete the following:**

Name of sponsoring organization: \_\_\_\_\_

Contact person at sponsoring organization (Supervisor): \_\_\_\_\_

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

*(Street/City/State/Zip)*

Organization Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Organization Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Organization Email: \_\_\_\_\_

***\*Limited Scholarships are available for agencies that serve agricultural workers. For more information, please email [beverlys@flchealth.org](mailto:beverlys@flchealth.org)***

