



Bridging the Gap Interpreter Courses

Application / Enrollment Form

(please type or print clearly)

***PLEASE NOTE:** All applicants must be 18yrs of age or older and have a minimum of a high-school diploma or equivalent.

Class *(please circle one)*: **Medical Interpreting** or **Mental Health Interpreting**

Dates *(please circle one)*: **May 2026** (Medical) **October 2026** (Medical) **Nov. 2026** (Mental Health)

Applicant's Name: _____

Occupation: _____

Home Address: _____
(Street/City/State/Zip)

Phone: () _____ Cell: () _____

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 more information, please email beverlys@flchealth.org**



THE CROSS CULTURAL HEALTH CARE PROGRAM