



Blue Ridge Area Health Education Center

A Program of the Institute for Innovation
in Health and Human Services

MSC 9009 • James Madison University • Harrisonburg, VA 22807 • Phone: 540.568.3011 • Fax 540.568.3172 • www.brahec.jmu.edu

REGISTRATION FORM “Bridging the Gap” Interpreter Training Program

Name _____
Last name *First name* *Middle name*

Address _____ City: _____ State: _____ Zip: _____

Telephone No. (preferred) _____ (alternate) _____

Email Address: _____ Date of Birth: _____ Age: _____ Male/Female

Do you have a high school diploma or GED? Yes ___ No___ Level of Education: _____

Workplace and Job Title: _____

How long have you been in this current position? _____ Full-time ___ Part-time _____

Name of the organization where you took the language proficiency test: _____ Date: _____

Your language pair is (please list dominant language first) _____

Where did you learn your second language? _____

What do you expect to learn from taking the Medical Interpreter training? _____

In what settings have you previously interpreted? ___ Court ___ Clinic ___ Schools
___ Law Enforcement ___ Hospital ___ Social Services ___ Other (specify) _____

How did you hear about the Bridging the Gap training? _____

Is there an organization that will be paying for your training? Yes _____ No _____

If yes, please provide the following information: Sponsoring Organization _____

Contact Name/job title at Sponsoring Organization _____

Address of organization: _____

Street *City* *State* *Zip Code*

Phone _____ Fax _____

Applicant’s signature: _____ Date: _____