

UAMS Regional Programs
Attention: Angelina Levitskaya,
Director, Medical Interpreter Training Program
4301 West Markham slot 599
Little Rock, AR 72205
FAX: (501) 686-8506

Medical Interpreter Training
Registration Form

Language Requirements- To be eligible for the program, you must demonstrate proficiency in at least two languages: English and a target language.

I am bilingual in English and

Language: _____ Country of origin: _____
Language: _____ Country of origin: _____
Language: _____ Country of origin: _____

Name (Last name, First name, Middle Initial)

Mailing Address (include City, State and Zip)

Phone: _____ Gender: _____
Race/Ethnicity _____ Email _____
Date of Birth _____

Academic History

Highest level of education State/Country Dates Degree/Diploma

Practice Location

Dates of employment: _____
Business/Clinic name: _____
Mailing Address: _____
City, State Zip: _____
Phone: _____
Employment Setting¹: _____
Setting not listed: _____

I have read, and understand, the registration policy posted on the Medical Interpreter website.

Signature

Date

For office use only: Language Proficiency and Medical Terminology test score: _____

¹ See Employment Setting list on next page

Employment Setting:

AHEC Clinic Main
AHEC Clinic Satellite
Arkansas Dept of Health
Cert Rural Health Clinic
Church
College/University
Community Health Center
Elementary/Jr HS/HS
Group Family Practice
Group Non-Family Practice
Home Health Care/Hospice
Hospital-Based Practice
Hospital-Night Float
Indian Health Service
Medical School (Academic)
Migrant Health Center
Military
Natl Health Service Corps
Nursing Home
Pharmacy - Hospital
Pharmacy - Private
Reynolds Center on Aging
Solo Practice

You do not need to fax this page with your Registration Form. Please write or type your choice from this list on the Registration Form in the space provided.