

UAMS Regional Programs  
Attention: Angelina Levitskaya,  
Director, Medical Interpreter Training Program  
4301 West Markham slot 599  
Little Rock, AR 72205  
FAX: (501) 686-2585

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 Setting<sup>1</sup>: \_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> 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.