

7100 E. Belleview Ave. Suite 111 Greenwood Village, CO 80111 WWW.MHMultilingualservices.com info@mhmultilingualservices.com (866) 264-5212 - (303) 333-7900

Bridging the Gap (BTG) Training for Medical interpreters

General Information

Cost:

MHMS IC participants: \$540.00 Non-MHMS participants: \$599.00

(10% discount for groups of 10 or more and current MHMS interpreters)

All applications are accepted on a first-come, first serve basis, contingent on the prerequisites.

Material included with training:

- ✓ The Bridging the Gap Interactive Textbook for Medical Interpreters (newest version)
- ✓ Bilingual Medical Glossary (Refer to the list)
- ✓ Common Medication Guide

Certificate (A certificate of attendance is **NO LONGER** given to a participant who **does not** pass the final test)

Registration Process:

At least Four weeks prior to the first day of the class:

- LPA results, application, signed payment agreement, and deposit of \$220 (\$120.00 non-refundable) MUST be received to reserve the space for the session you are planning to attend.
- If an applicant withdraws from the training a week or less before the first day of the class, the company (MHMS) will charge a \$100 *late cancellation fee*

During the training:

- Balance is due the first day of the training
- Pre-test will be given to assess medical interpretation familiarity
- A final test will be given on the last day of the training; attendance is imperative to pass the test

Training will cover:

- Roles of the Interpreter
- Code of Ethics for Interpreters in Health Care
- Modes of Interpreting
- Managing the Flow of the Session
- Introduction to Culture
- The Health Care System in the United States
- Effective Communication
- Professional Conduct
- Self Care
- Resources for Professional Growth

***This is a certificate program



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Bridging the Gap (BTG) Training for Medical interpreters Application

	Applic	•		
Full Name:	•			
(Name/ Last Name)				
Address:	•	ŕ		
Address.				
City:	State	Zin Code:		
City.	_ State.	_ Zip Couc		
Email:				
Primary Phone #:	Addition	al Phone #:		
Current title/position:	ſ	Employer Name:		
Language Information:				
Please list-spoken languages				
1 st Language	Years spoken _	Educational level:		
2 nd Language	Years spoken	Educational level:		
3 rd Language	Years spoken _	Educational level:		
Please check one language for your Medical glossary, ONLY ONE per participant.				
Amharic	Arabic	Bengali	Bosnian	
		mer Chinese		
Farsi		Haitian Creole		
Japanese	Korean	Lao	Marshallese	
Nepali	Polish	Portuguese	Russian	
Somali	Spanish	Tagalog	Tigrigna	
Urdu	Vietnamese			



Participant's Full Name: _____

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Payment Agreement

P	Phone Number: E-mail:				
s	Session/Training Dates you will be attending:				
If you ag	agree with the terms and conditions, please read, sign and return this form with:				
• A	A \$220 deposit <i>(\$120 non-refundable)</i> to reserve space, order material (books).	Deposit MUST be received			
a	at least four weeks prior to the first day of the class.				
Importan	tant Information:				
• T	• This is a 40-hour course and a certificate of attendance is NOT LONGER given to a participant who does no				
р	pass the final test.				
• P	Participant MUST be present the 40 hours.				
• If	• If an applicant withdraws from the training a week or less before the start date, a \$100 late cancellation fee				
W	will be charged to cover part of the order already placed plus the non-refundable deposit and material cannot				
b	be provided.				
• N	Money cannot be refunded if an applicant withdraws during training.				
• C	Checks must be payable and mailed to:				
	Mile High Multilingual Services, Inc. 7100 E. Belleview Ave. Suite 111 Greenwood Village, CO 80111				
• \	We also accept major credit cards (3% merchant fee applied to credit card payme	nts)			
	Signature Accepting Terms Da	nte			
***Training	ning can be provided at your location with a minimum of 10 participants, contact us for addition	nal information			