MICOP is honored to continue Mujeres Indigenas Avanzando Juntas (MUA-J), a women’s economic mobility initiative of the Women’s Foundation of California. MUA-J is a program advance an indigenous women’s healthcare workforce, to train native speakers of indigenous languages to be health promoters and interpreters through intensive studies and participation in a 1-year supportive Training Cohort. Trainees are required to complete all of the below qualification, personal and professional development activities:

PHASE 1:

- A 40-hour California Healthcare Interpreter Association training
- MICOP’s 8-hour Promotor training
- Must have basic English language skills and competency.
- Participate in monthly professional workshops in MICOP’s Indigenous Interpreter’s Network (once-a-month) with the objectives of professionalism and recognition of indigenous interpreters, exploring options for national certification, skills development, and promoting a sense of unity.
- Participate in Financial Literacy classes

MICOP will provide the following:

- One-on-one case management support and mentorship
- Screenings by MICOP’s enrollment specialist for CalFresh and Medi-Cal
- Workshops to develop resumes within the Indigenous Interpreter Network
- Host site visits of interpreter workplaces for job shadowing

PHASE 2:

In order for you to be considered in Phase # 2 you will have to pass an exam of equivalency and qualification exam.

- From this 5 chosen candidates of the entire cohort will be offered a Certification Study Group for 20 study sessions
- These chosen candidates will receive $500 towards their certification test for CMI or CPHI. Check will be written out to the national certification agency on behalf of the candidate.
About MICOP’s Training Program:

MICOP strives to train underserved indigenous individuals, in an effort to promote fundamental access to medical, educational, social and legal services. Often low-income and uninsured individuals have limited language access to quality medical and the mental health community. To help support our vision, our Indigenous Language Services provides professional Mixtec interpreters to help local agencies better communicate with their Mixteco and Zapoteco speaking clientele. There are approximately 20,000 Mixtecs in Ventura County, and many are fluent only in their indigenous language. Our trained interpreters ensure client and provider clearly understand each other, overcoming barriers both linguistically and cultural.

- **CHIA’s training will be imparted by Maestra Lourdes Cerna and Interpreter colleagues** -

   CHIA’s mission is to increase access to health equality:

   Developing and promoting the profession of medical interpreters;

   Providing culturally and linguistic appropriate services; &

   Providing education and training to health professionals.

   **California Healthcare Interpreter Association**

The teachings imparted within the curriculum include as part of the Ethics of Healthcare Interpreters:

- Ethical principles, protocols and guidance on roles and intervention

- Medical terminology and vocabulary

- Confidentiality, impartiality, understanding and cultural awareness, cultural brokerage, integrity, and respect, etc.

- Simultaneous and Consecutive Interpretation

- Obtaining qualification, registration and certification

**Trainings Dates**

*Please mark your calendars and note that it is necessary and important to complete all SESSIONS*

**Table 1: CHIA every Saturday from October 22-November 19, 2016 from 9am-5:30pm.**

<table>
<thead>
<tr>
<th>1. First Class</th>
<th>22nd of October</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Second Class</td>
<td>29th of October</td>
</tr>
<tr>
<td>3. Third Class</td>
<td>5th of November</td>
</tr>
<tr>
<td>4. Fourth Class</td>
<td>12th of November</td>
</tr>
<tr>
<td>5. Fifth Class</td>
<td>19th of November</td>
</tr>
</tbody>
</table>

Women’s Foundation of California 2016-2017 (MICOP)
Promotora Training:

This training specializes in coaching people to create the communication bridge in our communities. They specialize in community outreach, they develop and involved themselves in being a voice that unites and reaches the community. Promotoras build trust in the community, they share similar languages and the same social environment. Promotoras create and participate in being social service providers, agents of social change, educators, and system navigators.

Table 2: Health Promoter

| Training (s) to be announced |

Indigenous Interpreter Network:

Tentatively to be held once a month from 6-8pm. Dates for 2016:

Table 3: Red Lingüística de Intérpretes Indígenas

<table>
<thead>
<tr>
<th>First Class:</th>
<th>1st of November (Tuesday)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Class:</td>
<td>5th of December (Monday)</td>
</tr>
</tbody>
</table>

Coaching and Mentorship for Certification of Study Group:

To be held every other Tuesday with the team of 5, taught by Coach Lourdes Cerna via skype. Dates for 2016 programmed are the following Tuesday (s) from 6-8pm:

Table 4: Certification Coaching Study Sessions

<table>
<thead>
<tr>
<th>First Class:</th>
<th>8th of November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Class:</td>
<td>15th of November</td>
</tr>
<tr>
<td>Third Class:</td>
<td>29th of November</td>
</tr>
<tr>
<td>Fourth Class:</td>
<td>6th of December</td>
</tr>
<tr>
<td>Fifth Class:</td>
<td>13th of December</td>
</tr>
<tr>
<td>More dates:</td>
<td>To be determined at the end of 2016</td>
</tr>
</tbody>
</table>
Proyecto Mixteco/Indígena
Organización comunitaria

Application for MICOP program:
Mujeres Indígenas Avanzando Juntas
Indigenous Women Advancing Together

40 horas – California Healthcare Interpreter Association (CHIA), Connecting Cultures Qualification Certificate
8 hours – Promotoras Training

First name: ________________________________

Last name: ________________________________

Date of Birth: Day: _______ Month: _______ Year: __________________

Address: __________________________________

City: __________ State: __________ Zip Code: __________

Cell Phone: __________________________ Email: __________________

Receives Text: Yes □ No □ Receives Photos: Yes □ No □

RACE/ETHNICITY, please check one:

<table>
<thead>
<tr>
<th>Unknown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td></td>
</tr>
<tr>
<td>Asian/PAI</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
</tr>
<tr>
<td>Multi-ethnic</td>
<td></td>
</tr>
<tr>
<td>American Indian/NA</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Mixteco</td>
<td></td>
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<tr>
<td>Zapoteco</td>
<td></td>
</tr>
<tr>
<td>Otomi</td>
<td></td>
</tr>
<tr>
<td>Purepecha</td>
<td></td>
</tr>
</tbody>
</table>

If “other,” please explain: __________________________

Women’s Foundation of California 2016-2017 (MICOP)
### Number of DEPENDENT CHILDREN:

Total number of dependent children

### EMPLOYMENT STATUS at the time of program enrollment:

- Employed full-time (34+ hrs/wk @ one employer)
- Employed part-time (< 34 hrs/wk)
- Unemployed/No earned income
- **Average wage** at the time of program enrollment

### Annual HOUSEHOLD INCOME at the start of the program:

<table>
<thead>
<tr>
<th>Annual Household Income</th>
<th>Start of Application</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
<th>notes</th>
<th>comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15,000–$34,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$35,000–$39,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40,000 or above</td>
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</tbody>
</table>

### Availability:

<table>
<thead>
<tr>
<th></th>
<th>Monday Lunes</th>
<th>Tuesday Martes</th>
<th>Wednesday Miércoles</th>
<th>Thursday Jueves</th>
<th>Friday Viernes</th>
<th>Sabado Saturday</th>
<th>Sunday Domingo</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To:</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Community of Origin

Country: ____________________________________________________________

State: _____________________________________________________________

District: __________________________________________________________

Municipio/ County: ________________________________________________

Agencia/pueblo/ town: _____________________________________________

### Languages with Fluency (mark those that apply)

- Spanish:          Verbal ☐ Written ☐ No fluency ☐ 
- English:         Verbal ☐ Written ☐ No fluency ☐ 
- Other: ______________ Verbal ☐ Written ☐ No fluency ☐ 

Women’s Foundation of California 2016-2017 (MICOP)
Other variants or languages of communities of which I understand, comprehend and can communicate with:

____________________________________________________________________________________

History of Education (in Mexico ☐ or USA ☐)

Last year of Education: School:

Computer Literacy: Excel? Yes ☐ No ☐ Word? Yes ☐ No ☐ Transportation: Yes ☐ No ☐

Do you have health insurance?: yes ☐ no ☐ Would you like to get screened for Medi-Cal yes ☐ no ☐

Do you need support with Cal Fresf (Food Stamps) ☐ ☐

History of Employment

Place: Position: Dates:

Place: Position: Dates:

References:

Name: Relationship.: Telephone:

Name: Relationship.: Telephone:

Questionnaire to the Applicant:

1. Describe your experience, understanding or connection to the indigenous immigrant community.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

2. What are some of the issues of needs our community confronts?

Women’s Foundation of California 2016-2017 (MICOP)
3. Why are you interested in being a part of the program Indigenous Women Advancing Together?

________________________________________________________________________________________

4. What are your current skills, abilities, and capacity to contribute to the cohort, classes and workshops?

________________________________________________________________________________________

5. What do you hope to learn and what are your personal expectations?

________________________________________________________________________________________

6. Please, list 3 personal goals and objectives you would like to achieve in this program?

________________________________________________________________________________________
7. What topics related to health care interpreting would you like to see in the future Indigenous Language Interpreter Network meetings? Are there specific speakers or themes you would like us to consider?

8. What is one thing you hope to accomplish, change or do as a result of being involved in this cohort?

9. Are there any other comments you would like to share?

Please return this application before the end of the day on Monday, October 10th, 2016 or send to:

Attn: Mixteco/ Indigena Community Organizing Project
Mujeres Indígenas Avanzando Juntas 2016-2017
520 W. 5th Street, Suite K, Oxnard, CA 93030
Or scan and email to: vanessa.teran@mixteco.org

If you have any questions, please do not hesitate to contact:
Vanessa Terán directly at either 805-483-1166 or 805-612-7568.