



Our mission - bring hope, health, and healing to life.
1101 9th St SE | Sioux Center, IA 51250 | 712.722.8317 | siouxcenterhealth.org

Questions, contact Jessica Diaz at 722-8317 or jessica.diaz@siouxcenterhealth.org

Bridging the Gap Medical Interpreter Training APPLICATION FORM

Please submit by email, online, or mail with payment
If mailed, send it to attention Jessica Diaz

Dates **February 8, 15, 29, March 14, 21** | 8:30 a.m. - 4:00 p.m.

Deadlines **Application form, deposit, proof of high school graduation, and proof of proficiency
(if applicable): Friday, January 24**

Payment may be made by check, cash or credit card. Checks are payable to: **Sioux Center Health.**
For credit card payment, please call Jessica Diaz at 722-8317.

Name: _____

Job Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell phone: _____ Email: _____

Primary Language: _____ Second Language: _____

Third Language, if any: _____

Preference for address: _____

Only if applicable

If someone else or another organization is paying for your course fees, please fill out the following section.

Name of Sponsoring Organization: _____

Contact Name at Sponsoring Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____