



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](mailto: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**     **March 16, 30, April 6, 13, 20 | 8:00 a.m. - 4:30 p.m.**

**Deadlines**     **Application form, deposit, proof of high school graduation, and proof of proficiency  
(if applicable): Friday, March 8**

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 (he, she, etc.): \_\_\_\_\_

### **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: \_\_\_\_\_