



Ossining Extension Center

Spring 2019

NON-CREDIT HEALTHCARE APPLICATION

Medical Interpreting



This training program will provide the necessary skills for individuals seeking to become professionals in effective language interpretation in a healthcare setting. Gain additional skills in basic terminology of anatomy and health care, ethical principles and cultural competency concepts. This program is for individuals who are already bilingual/ multilingual. A background in healthcare is not required but fluency in English and Spanish languages is required. Completion of Medical Interpreting Training and 3.5 score or higher on proficiency exam required to be eligible for national certification. Textbook required.

T/Th, Feb. 5 - Apr. 4, 7:00-9:30 pm

\$465. (+ textbook and \$70 for optional ACTFL Oral Proficiency Exam)

For more information about these programs, please call 914-606-7400.

APPLICATION

Student ID Number:

Section I. Personal Information

Name: _____
Last First Middle Initial

Street Address: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home Phone: () - Cell Phone: () -

Date of Birth: _____ Male Female
MM/DD/YYYY

Are you a U.S. Citizen? Yes No

Do you have a permanent resident card? Yes No

Authorization to work or stamped passport? Yes No

Section II. Course Selection

| Course Number | Course Title | Start Date | Tuition |
|---|--------------|------------|---------|
| | | | |
| | | | |
| | | | |
| Fees: \$5.00 Registration and \$3.25 FSA (non-refundable) | | | |
| Total Tuition | | | |

Section III. Payment Method (Tuition must be paid in full before course begins.)

Refunds

- For requests received at least 2 business days prior to the start of the class: 100% refund. No refunds will be issued after this time.
- All refund requests must be made to the college in writing or emailed to continuing@sunywcc.edu. If you paid by check, please allow 6-8 weeks for your refund to be processed. Credit card refunds are processed immediately

How did you hear about the program?

- Website
- Mail
- Newspaper/Magazine
- Word of Mouth
- Other _____

Applicant's Signature

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission or dismissal from the program. **I am aware that the fees associated with registration are non-refundable.**

Signature of Applicant _____ Date _____

Admission is based on the availability of space and qualifications of the applicant. Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation or handicap is excluded from, or is subject to, discrimination in any program or activity.