

NAME

TITLE

AGENCY

LANGUAGE(S)

PHONE

EMAIL

STREET ADDRESS

CITY, STATE, ZIP



REGISTRATION FORM

**40 HOUR HEALTHCARE
INTERPRETER TRAINING**

**PLEASE SEND
REGISTRATION
FORM TO:**

Andrea Estrada
andreae@palsforhealth.org

PLEASE CALL THE OFFICE FOR TESTING DATES

(213) 553.1818

TRAINING PARTICIPANTS MUST PASS
PALS FOR HEALTH'S 2.5 HOUR PROFICIENCY TEST
AS A PREREQUISITE TO THE TRAINING.

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