

NAME

TITLE

AGENCY

LANGUAGE(S)

PHONE

EMAIL

STREET ADDRESS

CITY, STATE, ZIP



REGISTRATION FORM

40 HOUR HEALTH CARE
INTERPRETER TRAINING

**PLEASE FAX
REGISTRATION FORM TO:**

Andrea Estrada
at PALS for Health
FAX: (213) 553.1876

**FOR MORE INFORMATION
PLEASE CONTACT:**

Andrea Estrada
andreae@palsforhealth.org
(213) 553.1818

2018 TRAINING DATES:

APRIL 4, 11, 18, 25, MAY 2

PLEASE CALL THE OFFICE FOR TESTING DATES

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

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