

NAME

TITLE

AGENCY

LANGUAGE(S)

PHONE

EMAIL

STREET ADDRESS

CITY, STATE, ZIP



# REGISTRATION FORM

**40 HOUR HEALTHCARE  
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

# 2020 TRAINING DATES:

*July 1, 8, 15, 22, 29*

# 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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