

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:

*September 30,
October 7, 14, 21, 28*

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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