

Interpreter Roster Data Elements

May 28, 2008

1. Person: FName, MI, LName, Gender, Date of Birth
2. _____ I agree to abide by the National Council on Interpreting in Health Care standards of practice and code of ethics.
3. Contact Information: Mailing (public) address: street, city, state, zip
Email address
Phone #'s, cell, work, home
4. Interpreting Skills Tests: Language Pairs - English and _____
Court Certification Exam: _____% Sight; _____% Consecutive; _____% Simultaneous
Washington State Medical Certification Exam: _____ Pass or _____ Fail
Other tests of Interpreting Skills: _____ Name; _____ Score
_____ No tests taken
5. ATA Translation Certification: Language Pairs - English and _____
_____ Pass _____ Fail _____ No test taken.
6. Languages: First: _____ Second: _____ Third: _____
Skill level: 3 = Advanced; 2 = Intermediate; 1 = Beginner
Modes: Speak, Understand, Read, Write
Tests/Date:
Test Score:
7. Available for: Full-time, part-time, on-call, contractor/freelancer, volunteer
___ In-person ___ Telephonically
___ Days ___ Evenings ___ Nights ___ Weekends
Travel radius, Counties, District/Region (Bemidji, Duluth, Fergus Falls, Mankato, Marshall, Rochester, St. Cloud, St. Paul/Minneapolis)
8. Subject /Specialty Areas Experience: 3 = 100+ encounters; 2 = 20 to 100; 1 = 1 to 20; 0 = none

<u>Health</u>	<u>Education</u>	<u>Social Services</u>	<u>Legal</u>
___ Audiology	___ Early Intervention	___ Alcohol/Drug Treatment	___ Courts
___ Heart/Cardiology	___ Special Education	___ Family meetings	___ Guardianship

and etc.
9. Formal Education/Training:

	<u>Area of Study</u>	<u>School/ Country</u>	<u>Language of Instruction</u>	<u>Year(s) Attended</u>
Secondary/High School				
Undergraduate college(s)				
Graduate school(s)				
Program Certificate(s)				
10. Employer(s): Name, address, hours/week, from – to:
 - 1.
 - 2.
 - 3.