



Dear Sponsor Agency,

Thank you for completing this form on behalf of your BTG candidate.

Bridging the Gap (BTG) is a 64-hour professional development program that trains bilingual individuals to work as medical interpreters. BTG is taught in English in eight separate daily sessions. BTG is used to train both novice and experienced medical interpreters, and is the first step towards national certification. Both accredited national certifying bodies, the Certification Commission for Healthcare Interpreters (CCHI) and the National Board of Certification for Medical Interpreters (NBCMI), accept BTG.

Please take a minute to provide us with the following information.

Sponsoring Organization Information

Name of Sponsoring Organization: _____

Contact Name at Sponsoring Organization: _____

Title: _____

Is this Agency: For-profit: Yes ___ No ___ Non-profit: Yes ___ No ___

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ E-mail: _____

Statement of Purpose

How will this training enhance the services provided by your agency and the ability of your candidate to perform his/her job duties?

Sponsoring Agency Language Proficiency Certification

The Utah Department of Health (UDOH) does not test or assess an individual's language proficiency. UDOH encourages employers to test language proficiency of the BTG participants, especially for the individual's non-English language.

It is the responsibility of the sponsoring agency to certify the level of language proficiency of each candidate they sponsor. If the candidate is unable to perform at semi-proficient or higher, they will not succeed in the Bridging the Gap Training, language tests, and national training. Please interview each candidate you sponsor and complete this form. Thank you!

Applicant's Language Information

Candidate's Name: _____

Number of Languages/Dialects the Candidate Speaks. ____ Primary Language: _____

Second Language: _____ Third Language, if any: _____

Candidate's **native** language? _____

Candidate's **dominant** language? _____

Please certify the fluency level of the candidate's English language in the following areas:

Reading	____ Proficient	____ Semi-proficient	____ Not proficient
Writing	____ Proficient	____ Semi-proficient	____ Not proficient
Speaking	____ Proficient	____ Semi-proficient	____ Not proficient
Translating	____ Proficient	____ Semi-proficient	____ Not proficient
Interpreting	____ Proficient	____ Semi-proficient	____ Not proficient

What is the candidate's non-English language? _____

Please certify the fluency level of the candidate's non-English language in the following areas:

Reading	____ Proficient	____ Semi-proficient	____ Not proficient
Writing	____ Proficient	____ Semi-proficient	____ Not proficient
Speaking	____ Proficient	____ Semi-proficient	____ Not proficient
Translating	____ Proficient	____ Semi-proficient	____ Not proficient
Interpreting	____ Proficient	____ Semi-proficient	____ Not proficient

To be Completed by Agency Representative:

I certify the above levels of fluency for: (candidate) _____

Name of Agency Representative: _____ Title: _____

Agency Representative's Signature: _____

Agency: _____ Date: _____

Application Information

Space is limited and very competitive. Approved participants **MUST** attend the entire 64 hours in order to take the final exam and receive a certificate of successful completion. Failure to attend any portion of the course will result in failure of the course. Participants who fail to attend the entire course will be required to return all provided training materials.

Application Deadlines for the 2018 Summer-Training:

Registration opens July 9, 2018

Registration closes July 31, 2018

**Applications received before or after the registration period will NOT be accepted.
Incomplete and ineligible applications will NOT be accepted.**

We care about your privacy, please DO NOT e-mail these forms. We ask you to please fax, mail or hand deliver your application as follows:

**Fax: 801-538-9495
Attn: Edwin Espinel
Utah Department of Health**

**Mail to: Attn: Edwin Espinel
Utah Department of Health
PO Box 142107
Salt Lake City, UT 84114-2107**

**Deliver: Attn: Edwin Espinel
Utah Department of Health
288 N. 1460 W.
Salt Lake City, UT 84114-2107**

Thank You!