\_\_\_\_ other (please specify:\_\_\_\_\_

work Experience Verification Affidavit
<date></date>
To the Certification Commission for Healthcare Interpreters:
This letter is to verify and attest that I, <certificant's name=""> have provided healthcare interpreting services in English and <other language=""> for <organization name=""> from <start date=""> to <end date="">. During this time, the estimated number of hours I spent interpreting would, at a minimum, be <estimated hours="" number="" of="">. (Please note: To renew one's certification, an individual must document at least 40 hours of interpreting in any healthcare setting(s) during the four-year renewal cycle.)</estimated></end></start></organization></other></certificant's>
I certify that the information contained in this letter is accurate and complete. I understand that providing false information will disqualify me from receiving or maintaining any certification offered by CCHI.
If you have any questions, please contact me at <area and="" code="" number="" phone=""/> and <email address=""></email>
Sincerely,
<certificant's signature=""> <date></date></certificant's>
Witnesses:
WITNESS 1:(Name)
To the Certification Commission for Healthcare Interpreters:
I <insert name=""> verify and attest that <certificant's name=""> has provided healthcare interpreting services in English and <other language=""> for <organization name=""> from <start date=""> to <end date="">. I am aware of <certificant's name="">'s provision of healthcare interpreting services because I:</certificant's></end></start></organization></other></certificant's></insert>
(check all that apply):
<ul> <li>worked with the certificant as an interpreter.</li> <li>worked with the certificant as a supervisor.</li> <li>utilized the certificant for healthcare interpreting as a healthcare practitioner (e.g. medical doctor, nurse, therapist, psychologist, social worker, etc.).</li> </ul>

Sincerely,	
<witness's signature=""></witness's>	<date></date>
WITNESS 2:	
(Name)	
To the Certification Commission for He	althcare Interpreters:
	Certificant's name> has provided healthcare interpreting ser rganization name> from <start date=""> to <end date="">. I am av</end></start>
in English and <other language=""> for <or of &lt; Certificant's name&gt;'s provision of h</or </other>	
in English and <other language=""> for <or of &lt; Certificant's name&gt;'s provision of h (check all that apply):</or </other>	rganization name> from <start date=""> to <end date="">. I am avnealthcare interpreting services because I:</end></start>
in English and <other language=""> for <or <="" certificant's="" name="" of="">'s provision of h  (check all that apply):  worked with the certificant as an in</or></other>	rganization name> from <start date=""> to <end date="">. I am avenealthcare interpreting services because I:  nterpreter.</end></start>
in English and <other language=""> for <or <="" certificant's="" name="" of="">'s provision of h  (check all that apply):  worked with the certificant as an ir worked with the certificant as a su utilized the certificant for healthca nurse, therapist, psychologist, social wo</or></other>	rganization name> from <start date=""> to <end date="">. I am avenealthcare interpreting services because I:  nterpreter. pervisor. re interpreting as a healthcare practitioner (e.g. medical docorker, etc.).</end></start>
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in English and <other language=""> for <or <="" certificant's="" name="" of="">'s provision of h  (check all that apply):  worked with the certificant as an in worked with the certificant as a su utilized the certificant for healthca nurse, therapist, psychologist, social wo other (please specify:  If you have any questions, please contains</or></other>	rganization name> from <start date=""> to <end date="">. I am avenealthcare interpreting services because I:  nterpreter. pervisor. re interpreting as a healthcare practitioner (e.g. medical docorker, etc.)).</end></start>