Work Experience Verification Affidavit

<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 number of hours>. **(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.)**

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 code and phone number> and <email address>

Sincerely,

_____   _____
<Certificant's Signature>   <date>

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:

(check all that apply):

___ worked with the certificant as an interpreter.
___ worked with the certificant as a supervisor.
___ utilized the certificant for healthcare interpreting as a healthcare practitioner (e.g. medical doctor, nurse, therapist, psychologist, social worker, etc.).
___ other (please specify:_____).

If you have any questions, please contact me at <area code and phone number> and <work email address>

Sincerely,

<Witness's Signature>   <date>

WITNESS 2: _____
                    (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:

(check all that apply):

___ worked with the certificant as an interpreter.
___ worked with the certificant as a supervisor.
___ utilized the certificant for healthcare interpreting as a healthcare practitioner (e.g. medical doctor, nurse, therapist, psychologist, social worker, etc.).
___ other (please specify:_____).

If you have any questions, please contact me at <area code and phone number> and <work email address>

Sincerely,

<Witness's Signature>   <date>