

Medical Interpreter Continuing Education Verification

To the Certification Commission for Healthcare Interpreters (CCHI):

This letter is to verify that _____ has attended the following **instructor-led course*** that is beyond-beginner level of complexity.

Date(s) of Course: _____

Number of instructional Continuing Education Hour(s):** _____

Course* Title: _____

Name of Sponsoring Organization/Training Provider:

Instructor(s): _____

Topics Covered (check all that apply):

- Ethics of healthcare interpreting
- U.S. healthcare system, protocols, regulations
- Medical specialty terminology/ protocols
- Cultural competency
- Language proficiency topics
- Self-care

Other (please specify):

Performance-based:

- Consecutive interpreting skills
- Simultaneous interpreting skills
- Sight translation skills
- Translation skills (4 hrs maximum per 4 yrs)

Signed,

Sponsor/Instructor's **Signature**

Date

Sponsor/Instructor's **Name**

Email of Sponsor/Instructor

Attendee's **Signature**

Date

Attendee's **Name**

Attendee's CoreCHI™/CHI™ Certificate Number

* A "course" may include attendance at a conference session, workshop, symposium, forum, in-service, educational program, or other formal instructional activity which provides opportunities for a healthcare interpreter to improve the knowledge, skills and abilities needed to interpret in healthcare settings.

** **Instructional CE hours do not include** lunch, other breaks, *assessment* or administrative comments (e.g. welcome, overview, conclusion, evaluation, etc.).

<http://cchicertification.org/renew-certification/requirements/continuing-education>