

# 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

**Performance-based:**

- Consecutive interpreting skills
- Simultaneous interpreting skills
- Sight translation skills
- Translation skills (4 hrs maximum per 4 yrs)
  - PB hrs in English \_\_\_\_\_
  - PB hrs in LOTE \_\_\_\_\_

Other (please specify):  
\_\_\_\_\_

Signed,

\_\_\_\_\_  
Sponsor/Instructor's **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor/Instructor's **Name**

\_\_\_\_\_  
**Email** of Sponsor/Instructor

\_\_\_\_\_  
Attendee's **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attendee's **Name**

\_\_\_\_\_  
Attendee's CoreCHI/CoreCHI-P/CH CCHI ID #

\* 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>