Application from Interpreters of Languages of Lesser Diffusion
Alternate proof of language proficiency

Date:

Full Name:

I interpret the following language(s) and/or dialect(s) for which I seek HCI Qualification and which do not have language proficiency testing available:

The town/city/province/country where this language is spoken is:

My interpreting experience includes (Experience outside medical interpreting, how long you have been interpreting, and other details you would like us to know about your interpreting experience. Please discuss if your interpreting experience is limited to working with friends/ family, and include other training or credentials you have received in your working languages for which you are seeking HCI Qualification):

The following references are familiar with my language proficiency and interpreting experience in those languages which I seek HCI Qualification. ( Provide 2-3 references. These references may include respected community members.):

Full name Email Address Phone Number

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