

ASSOCIATION OF TRANSLATORS
AND INTERPRETERS OF ONTARIO



ASSOCIATION DES TRADUCTEURS ET
INTERPRÈTES DE L'ONTARIO

Member of the Canadian Translators,
Terminologists and Interpreters Council (CTTIC)

APPLICATION FORM MEDICAL INTERPRETING

Medical interpreters facilitate communication between patients with limited proficiency in English or French and their physicians, nurses, lab technicians and other healthcare providers.

ADMISSION CRITERIA

You are eligible to apply in medical interpreting if you meet any of the following criteria:

Demonstrate the achievement on the [International English Language Testing System \(IELTS\)](#) of a level of fluency of at least 7 or the equivalent ([Canadian English Language Proficiency Index Program \(CELPIP\)](#) score of 9 or higher is also acceptable) or level C1 on the [Test de connaissance du français \(TCF\)](#) or the equivalent.

AND EITHER

1. Hold a bachelor's degree, master's degree, or doctorate in medical interpreting or post-secondary program in interpreting.

OR

2. Have successfully completed a bachelor's degree, master's degree, or doctorate or post-secondary program in health sciences or have been licensed by a health institution plus have 300 hours of medical interpreting experience in Canada.

OR

3. Have successfully completed the Language Interpreter Training Program (LITP) or the Graduate Diploma in General Interpreting (GDGI) at Glendon College plus have 300 hours of medical interpreting experience in Canada.

OR

4. Be accredited as a medical interpreter by a certifying body recognized by the Association and submit proof of 300 hours of experience as a medical interpreter.

OR

5. Substantiate 600 hours of experience as a medical interpreter in Canada.

- **Foreign academic credentials must be evaluated by World Education Services (www.wes.org/ca/) or the International Credential Assessment Service of Canada (<http://www.icascanada.ca/>).**
- **Your medical interpreting experience must be from within the last five years and must be attested to by Letters of reference or invoices from employers or clients.**
- ***CILISAT/ILSAT is not eligible for this category.***

CONTACT INFORMATION

First and Last Name:		Preferred name:	
Native language:	Title: Mr. Ms. Mrs.	Telephone:	
Mailing address:		Email:	
City:	Province:	Postal code:	
Language of correspondence: EN FR	Date of Birth:		

LANGUAGE PAIR *(One per Application)*

Non-refundable application fee: \$123.00 plus tax

Applications will only be reviewed upon receipt of the application fee.

Applications paid by credit card must be submitted electronically to application@atio.on.ca

Applications paid with a cheque must be submitted via regular mail to:

1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7

(Please do not submit your application using both methods.)

PAYMENT INFORMATION

Payment type: Visa MasterCard Cheque (payable to ATIO)

The ATIO office will call you at the number you provided to process your payment if using a credit card.

SUPPORTING DOCUMENTS

Any documents not already in English or French must be translated by an ATIO Certified Translator.

All applications must include the following:

- Signed and completed application form.
- Your curriculum vitae.
- Current IELTS, CELPIP, or TCF test results.

(CHOOSE ONE) Submit the following supporting documents according to the criteria under which you are applying:

1. Hold a degree in medical interpreting.
 - A copy of your degree.
 - A copy of your transcripts indicating completed courses and grades.
 - A copy of your **complete** WES or ICAS evaluation if applicable
2. Hold a degree in health sciences or have been licensed by a health institution plus 300 hours of experience in medical interpreting in Canada.
 - A copy of your degree or license.
 - A copy of your transcripts indicating completed courses and grades.
 - A copy of your **complete** WES or ICAS evaluation if applicable.
 - Letters of reference from employers or clients, or invoices totaling 300 hours of medical interpreting experience in the language pair for which you are applying.
3. Have successfully completed the Language Interpreter Training Program (LITP) or the Graduate Diploma in General Interpreting (GDGI) at Glendon College plus 300 hours of medical interpreting experience in Canada.
 - A copy of the LITP certificate or the Graduate Diploma in General Interpreting from Glendon College.
 - Letters of reference from employers or clients, or invoices totaling 300 hours of medical interpreting experience in the language pair for which you are applying.
4. Be accredited as a medical interpreter by a certifying body recognized by the Association and submit proof of 300 hours of experience as a medical interpreter.
 - A copy of your accreditation. CILISAT/ILSAT is not eligible.
 - Letters of reference from employers or clients, or invoices totaling 300 hours of medical interpreting experience in the language pair for which you are applying.
5. Substantiate 600 hours of experience as a medical interpreter in Canada.
 - Letters of reference from two or more clients (if freelance) or invoices indicating 600 hours of medical interpreting experience in the language pair for which you are applying.

IMPORTANT, MUST-READ INFORMATION

- You will be contacted by email informing you whether your application is accepted or rejected. Applications will be rejected and destroyed as per our administrative procedure if they do not meet the requirements. To reapply, you must submit another application and pay the application fee again.
- The contents of your application package must be written in either English or French. Documents written in any other language will need to be translated into either English or French by an ATIO-Certified Translator (<https://atio.on.ca/directory/>).
- Non-required admission documents will not be consulted, conserved, or returned to applicants. These documents will be destroyed as per our administrative procedure.

SIGNATURE

- I have read and understand all instructions on this form as well as on the ATIO website.
- I have completed this form as indicated.
- I have included the required documents.
- I authorize the verification of the information provided on this form and in the attached documents.

Applicant's signature:

Date:

Please submit this form and all supporting documents to application@atio.on.ca