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|  <p>Member of the Canadian Translators,<br/>Terminologists and Interpreters Council (CTTIC)</p> | <h2 style="text-align: center;">APPLICATION FORM</h2> <h3 style="text-align: center;">ON-DOSSIER CERTIFICATION</h3> <h3 style="text-align: center;">MEDICAL INTERPRETING</h3>                     |
|  | <p>Medical interpreters facilitate communication between patients with limited proficiency in English or French and their physicians, nurses, lab technicians and other healthcare providers.</p> |

| 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<br>(One Pair per Application) |         |
|---|---------|
| Source:                                     | Target: |

| EXPERIENCE  |
|---|
| Number of years of full-time experience, or equivalent part-time experience, in the category and language pair indicated above: |

| PRESENT STATUS  |
|---|
| Salaried      *Freelance      **Independent      Retired<br>* Accepts occasional assignments      ** Self-employed in the field |

| EDUCATION   |           |                     |                    |                    |
|---|-----------|---------------------|--------------------|--------------------|
| <i>List all post-secondary studies.<br/>Attach certified copies of your college and/or university diplomas and transcripts.</i> |           |                     |                    |                    |
| Institution:  | Location: | Program of Studies: | Diploma obtained : | Year<br>From - To: |
|   |           |                     |                    |                    |
|   |           |                     |                    |                    |
|   |           |                     |                    |                    |

1 Nicholas Street ▪ Suite 1202 ▪ Ottawa Ontario K1N 7B7  
1 rue Nicholas ▪ Bureau 1202 ▪ Ottawa (Ontario) K1N 7B7

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Membre du Conseil des traducteurs, terminologues et interprètes du Canada (CTTIC)



| RECORD OF EMPLOYMENT   |  |                         |                       |
|--|--|-------------------------|-----------------------|
| <i>Please list current and previous employers.<br/>(If more space is required, please use a separate sheet.)</i> |  |                         |                       |
| <b>1 Employer:</b>   | Supervisor (name, title and telephone number): |                         |                       |
| Job title and classification:  |  |                         |                       |
| Language pair(s):  |  | Employment period :     |                       |
|  |  | From:<br>(Month) (Year) | To:<br>(Month) (Year) |
| <b>2 Employer:</b>   | Supervisor (name, title and telephone number): |                         |                       |
| Job title and classification:  |  |                         |                       |
| Language pair(s):  |  | Employment period:      |                       |
|  |  | From:<br>(Month) (Year) | To:<br>(Month) (Year) |
| <b>3 Self-Employed:</b>  | Type of Work:                                  | Employment period:      |                       |
|  |  | From:                   | To:                   |
| Language pair(s):  |  | (Month) (Year)          | (Month) (Year)        |
| SPONSORS   |  |                         |                       |
| <b>1 Name:</b>   | Telephone:                                     | <b>2 Name:</b>          | Telephone:            |
| Title:   | Address:                                       | Title:                  | Address:              |
| <b>3 Name:</b>   | Telephone:                                     |                         |                       |
| Title:   | Address:                                       |                         |                       |

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| REFERENCES                          |  |
|-------------------------------------|--|
| <b>1 Name:</b><br><br><b>Title:</b> | <b>Telephone:</b><br><br><b>Address:</b> |
| <b>2 Name:</b><br><br><b>Title:</b> | <b>Telephone:</b><br><br><b>Address:</b> |
| <b>3 Name:</b><br><br><b>Title:</b> | <b>Telephone:</b><br><br><b>Address:</b> |

|   |
|---|
| <p align="center"><b>Non-refundable application fee: \$750 plus tax</b></p> <p align="center">Submissions will only be reviewed upon receipt of the application fee.</p> <p align="center">Payments by credit card must be submitted electronically to <a href="mailto:dossier@atio.on.ca">dossier@atio.on.ca</a></p> <p align="center">Applications paid with a cheque must be submitted via regular mail to:<br/> 1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7<br/> (Please do not submit your application using both methods)</p> |
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| PAYMENT INFORMATION                                       |      |            |                          |
|---|------|------------|--------------------------|
| Payment type:   | Visa | MasterCard | Cheque (payable to ATIO) |
| The ATIO office will contact you to process your payment. |      |            |                          |

| IMPORTANT, MUST-READ INFORMATION   |
|--|
| <ul style="list-style-type: none"> <li>You will be contacted by email if the Secretariat requires further supporting documents prior to submitting your dossier to the Recognition and Certification Committee.</li> <li>Non-required admission documents will not be consulted, conserved, or returned to applicants. These documents will be destroyed as per our administrative procedure.</li> </ul> |

| SIGNATURE  |
|--|
| <input type="checkbox"/> I have read and understood all instructions on this form as well as on the ATIO website.<br><input type="checkbox"/> I have completed this form as indicated.<br><input type="checkbox"/> I have included the required documents.<br><input type="checkbox"/> I authorize the verification of the information provided on this form and in the attached documents |
| <b>Applicant's signature:</b> _____ <b>Date:</b> _____   |

**Please submit this form and all supporting documents to: [dossier@atio.on.ca](mailto:dossier@atio.on.ca)**

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