

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 ON-DOSSIER CERTIFICATION COMMUNITY INTERPRETING

Community interpreters convey spoken messages from one language into another in settings such as social services agencies, public schools, and immigrant settlement centres.

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 pair per application)

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

**Independant

Retired/

* Accepts occasional assignments

** Self-employed in the field

EDUCATION

List all post-secondary studies.

Attach certified copies of your college and/or university diplomas and transcripts.

Institution:	Location:	Program of Studies:	Diploma obtained:	Year From - To:

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

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☎ (613) 241-2846 • 📠 (613) 241-4098 • 📞 1-800 234-5030 • www.atio.on.ca • info@atio.on.ca

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Updated on January 4, 2024

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

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REFERENCES	
1 Name: Title:	Telephone: Address:
2 Name: Title:	Telephone: Address:
3 Name: Title:	Telephone: Address:

<p align="center">Non-refundable application fee: \$800 plus tax</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 dossier@atio.on.ca</p> <p align="center">Applications paid with a cheque must be submitted via regular mail to:</p> <p align="center">1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7</p> <p align="center">(Please do not submit your application using both methods)</p>

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"> You will be contacted by email if the Secretariat requires further supporting documents prior to submitting your dossier to the Recognition and Certification Committee. Non-required admission documents will not be consulted, conserved, or returned to applicants. These documents will be destroyed as per our administrative procedure.

SIGNATURE
<input type="checkbox"/> I have read and understood all instructions on this form as well as on the ATIO website. <input type="checkbox"/> I have completed this form as indicated. <input type="checkbox"/> I have included the required documents. <input type="checkbox"/> 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: dossier@atio.on.ca

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