

<p>ASSOCIATION OF TRANSLATORS AND INTERPRETERS OF ONTARIO</p> <p><b>ATIO</b></p> <p>ASSOCIATION DES TRADUCTEURS ET INTERPRÈTES DE L'ONTARIO</p> <p>Member of the Canadian Translators, Terminologists and Interpreters Council (CTTIC)</p>	<p><b>APPLICATION FORM</b></p> <p><b>ON-DOSSIER CERTIFICATION</b></p> <p><b>MEDICAL INTERPRETING</b></p>
	<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 (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	**Independant	Retired
	* Accepts occasional assignments	** Self-employed in the field	

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

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

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

Updated on January 4, 2024

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

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RECORD OF EMPLOYMENT			
<i>Please list current and previous employers. (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: (Month) (Year)	To: (Month) (Year)
<b>2 Employer:</b>	Supervisor (name, title and telephone number):		
Job title and classification:			
Language pair(s):		Employment period:	
		From: (Month) (Year)	To: (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>  <b>Title:</b>	<b>Telephone:</b>  <b>Address:</b>
<b>2 Name:</b>  <b>Title:</b>	<b>Telephone:</b>  <b>Address:</b>
<b>3 Name:</b>  <b>Title:</b>	<b>Telephone:</b>  <b>Address:</b>

<p align="center"><b>Non-refundable application fee: \$800 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:  1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7  (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. <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
<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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