



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

APPLICATION FORM ON-DOSSIER CERTIFICATION 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.

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

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

1 rue Nicholas • Bureau 1202 • Ottawa (Ontario) K1N 7B7

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

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RECORD OF EMPLOYMENT

Please list current and previous employers.

(If more space is required, please use a separate sheet.)

| | | | |
|-------------------------------|--|------------------------------|----------------|
| 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: | |
| | | From: | To: |
| Language pair(s): | | (Month) (Year) | (Month) (Year) |
| | | | |
| SPONSORS | | | |
| 1 Name: Title: | Telephone: | 2 Name: Title: | Telephone: |
| | Address: | | Address: |
| 3 Name: Title: | Telephone: | | |
| | Address: | | |

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REFERENCES

| | |
|------------------------------|----------------------------|
| 1 Name: Title: | Telephone: Address: |
| 2 Name: Title: | Telephone: Address: |
| 3 Name: Title: | Telephone: Address: |

Non-refundable application fee: \$800 plus tax

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

Payments by credit card must be submitted electronically to dossier@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 |
|---------------|------|------------|

| |
|---|
| The ATIO office will contact you to process your payment. |
|---|

IMPORTANT, MUST-READ INFORMATION

- 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

I have read and understood 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: dossier@atio.on.ca

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