**Request for Interpreter Skills Test**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer (check one) Shands UF Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of hire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days / hours worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Employee:**

I agree to have my language and interpreting skills assessed. I understand that if I do not pass this assessment, I cannot interpret discussions related to treatment or services provided by UF Health Shands or its affiliated providers. If it is recommended, I also agree to attend training to further develop my skills.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Supervisor:**

I agree to allow employee's language skills to be assessed in order to allow him/her to serve as a language interpreter for patients/visitors if the need arises. I understand that the UF Health Shands Department of Patient Experience will pay the cost of this assessment. If employee's skills are deemed satisfactory, I agree to allow him/her to interpret as regular job duties allow. I understand that training may be recommended (at no cost to my department) to further develop employee's skills as an interpreter, and that this would be scheduled to minimize disruption to employee's regular work duties. I agree to allow administrative leave for him / her to attend this training.

Supervisor's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please allow a few days for us to schedule your test. Tests are given by phone Monday through Friday between the hours of 9 am and 6 pm EST, except holidays. Below, please suggest three (3) possible dates and times for your test. We will contact you by email to confirm your test date and time as soon as it is scheduled, and give you a toll-free phone number to call. Please understand that this date **cannot** be changed once it is scheduled. If you are not available at the scheduled date and time, your test will not be rescheduled.

1st preference: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd preference: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd preference: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(For Patient Experience use only)

 test requested through ALTA ( \_\_\_ / \_\_\_ / \_\_\_ ) confirmation rec'd from ALTA ( \_\_\_ /\_\_\_ / \_\_\_ )

 test date and time: \_\_\_ / \_\_\_ / \_\_\_ @ \_\_\_\_\_\_\_ EST confirmed with employee ( \_\_\_ / \_\_\_ / \_\_\_ )

 and ALTA info provided

 results \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to employee ( \_\_\_ / \_\_\_ / \_\_\_ ) to supervisor ( \_\_\_ / \_\_\_ / \_\_\_ )

 badge requested from HR ( \_\_\_ / \_\_\_ / \_\_\_ ) badge provided ( \_\_\_ / \_\_\_ / \_\_\_ ) test paid

**Name added to Authorized Interpreters List. \_\_\_\_\_\_\_ . Notified webmaster to add updated list to website.\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)**

**11.20.13**