ACCOMMODATING IDEAS
LANGUAGE ACCESS SOLUTIONS

Language Access Professional Bio

CONTACT INFORMATION

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Fax _____ Email _____

Language Combinations:

_____<> _____ _____<> _____

_____<> _____ _____<> _____

_____<> _____ _____<> _____

TRANSLATIONS

ATA Certified ▫ Yes ▫ No When(?)_____

Other ▫ Yes ▫ No When(?)_____

Memberships _____ _____

_____ _____

*****If you also interpret a spoken language, please fill out the section below:**

SPOKEN LANGUAGE

How many years of experience? _____

Please list the languages you provide services for:

1)_____ 2)_____

3)_____ 4)_____

5)_____ 6)_____

Certified ▫ Yes ▫ No

▫ Federal Certification # _____

▫ Court Certification/Registration# _____

▫ Medical Certification # _____

▫ Administrative Hearing # _____

▫ Judicial Council Registered # _____

▫ Court Approved Where? _____

Modes of communication (Check all that apply)

▫Consecutive ▫Simultaneous ▫Whisper ▫Sight Translations ▫Translations

Type of experience (Check all that apply)

▫ Legal ▫ Medical ▫ Business ▫ Mental Health

▫ Educational K-12 ▫ Post secondary ▫ Religious ▫ Government
▫ Video Interpreting ▫ Community ▫ Theatrical ▫ Conference
▫ Telephone Interpreting
▫

Other_____

OTHER AGENCIES

_____

_____

COVERAGE AREAS

▫ Antelope Valley ▫ San Fernando Valley ▫ Santa Clarita Valley ▫ Orange County
▫ LA Metro ▫ South Bay / South LA ▫ Glendale/Pasadena ▫ Riverside
▫ San Bernardino ▫ Inyo & Kern County
▫

Other_____

Submit