

HAPPY NEW YEAR: THE CCCS FAMILY WOULD LIKE TO WISH YOU AND YOUR FAMILY A WONDERFUL AND PROSPEROUS NEW YEAR.

On January 16, CCCS celebrated 13 happy and productive years of existence. It is because of your great work and support that we have grown and have become recognized not only at the national level but at the international level as well.

It is because of you that CCCS has never lost touch with its mission of continuously providing qualified cultural-linguistic services to healthcare, educational, legal and business organizations by creating a seamless environment of teamwork and collaboration amongst our staff, customers and freelancers. Our objective has remained the same, to continue providing innovative, respectful, and reliable quality interpretation, translation and training services to a diverse population with regional, organizational and individual needs.

The CCCS organization was born as a result of a dream I had to spend more time with my family while at the same time continue doing the work I love; to serve the underserved population in our state and now in our country! This decision was a result of an experience I had as director of a mental health cross cultural team and site. At the time, we were faced with having to layoff many of our wonderful clinicians because of state budget cuts. This was a very difficult decision to make and although I loved my job and had a very special and strong relationship with the institution I worked for, I no longer enjoyed being the director.

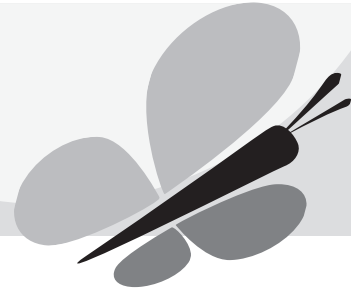
At the time I rarely had time to spend with my beautiful three young daughters and innocently I thought that starting a business I knew well was going to allow me some degree of freedom. Little did I know that in fact owning a business was more time-consuming than any other job I had done.

As an immigrant woman I have taken on many responsibilities, which at times have been overwhelming but very few things have stopped me from moving ahead. My business began in the basement of

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"...AS WITH ANY JOURNEY,
THERE IS OFTEN A NARROW
PATH TO WALK BEFORE YOU CAN
SEE THE WIDE ROAD AHEAD. AND
SOMETIMES THERE IS A CLOSED
GATE BETWEEN THE PATH AND
THE ROAD." TONI MORRISON,
REMEMBER, C.2004, P2





HAPPY NEW YEAR: THE CCCS, INC. FAMILY WOULD LIKE TO WISH YOU AND YOUR FAMILY A WONDERFUL AND PROSPEROUS NEW YEAR. CONTINUED FROM PAGE 1

my home. One day my three young daughters surprised me when two years into the business, they protested by creating small posters and marching around the house asking for their playroom back. Their demands although a bit embarrassing, were fair and resulted in moving my office space from the basement forcing me into renting a small space in the neighborhood. My dream of working less and having more time to spend at home did not materialize.

It was not too hard for me to become almost addicted to the new work I was doing. Often I drove interpreters for last minute cases when their car broke down. The face of LEP patients was **the fire** that kept me going. They were so grateful to have a professional interpreter! We made a difference in their access to health care. I see our job as part of a social justice movement where all deserve equal access to health care.

With all the challenges of owning a business, I still would not want to be in another place in the world! The services we provide are so full of hope and it is so good to be able to sleep every night because we keep our promises to our wonderful interpreters, customers and our staff.

CCCS recognizes that providing linguistic and cultural competent services is not always easy specially when there are so many demands made to clinicians, administrators and interpreters. It takes courage to be a patient, but equally it takes courage to be a provider and trust that our interpreters are accurately conveying the message. CCCS understands that we will only be successful in supporting

patient centered care if we begin a dialogue with all the key players in this wonderful, at times almost magical triadic relationship of client, provider and interpreter.

In the past two years my husband and I have brought the perspective of being a physician and my experiences as an interpreter, immigrant patient and clinician, to every workshop we have shared. Not surprisingly, I have forgotten to care for my own health and I have ended up in the hospital a few times last year, giving me the viewpoint of how a patient feels in the hospital setting.

During one of my last hospitalizations I was invited by an interpreter association to say a few words to follow the keynote speaker's address. My talk centered on how I hoped to create an atmosphere of compassion among everyone by giving the perspective through a patient's eyes. I spoke of the scary moments of hopelessness as a patient, of not knowing if the care was being compromised because of looking too "Latino" or too "Indian" or not being able to speak the language. The following are the words I spoke at the interpreter's association.

A 50-year-old woman was driving to work and suddenly felt the most excruciating sharp pain going from her chest right through her back. This was her second episode of feeling a sharp pain to her chest. A week before she had also felt a very sharp pain that traveled to her shoulder and made her feel nauseous.

She knew that she needed medical care, but was hesitant to go to the local emergency room. A few years back, she had tripped on a plastic gift wrapper and fell down the stairs. Her body was

badly bruised and her husband took her to the ER. While she waited for the triage nurse, she overheard the nurse laughing with an obstetrician about a non-English speaking patient who was about to deliver. They joked that the woman shouldn't need an interpreter, since this was clearly not her first child.

As our patient waited in pain, she noticed that the ER staff did not appear very busy. Many staff members had gathered around a counter with holiday goodies and were discussing what gifts they hoped to give and receive this season. After several hours, the patient was seen by a nurse. The nurse was rough with her examination, which was conducted in an open space that afforded no privacy. The nurse did not make eye contact with the patient. When the nurse spoke, the patient noticed that her mouth was full of the holiday cake.

The patient waited to see a doctor, but no one ever came to check in on her. Finally, she gathered **courage** and asked for a status on her care. A young male physician answered brusquely, "We are very busy right now!" The patient asked for an estimated wait time. Her courage was silenced with looks that could kill and again she was informed that the ER was full and that the staff was busy.

She sat back down and let her eyes wandered around the room, looking for some distraction. She looked at the posters outdated and yellow with age. She looked down the floor and noticed that each of the four corners of the room were full of dust and had accumulated a dark pasty tar. She began to imagine having the **courage** to just walk out of that place.

Now, four years later, this patient with

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chest pain and a family history of heart disease and leg embolisms, calls her PCP rather than head to the local ER. The provider calls an ambulance and informs a different hospital that the patient is on her way. After two sprays of nitroglycerine, one aspirin and an IV, the chest pain is still there. The patient begins to cry, wondering if she will live to care for her children.

During her visits to the new hospital she noticed how busy they were but the staff was warm and welcoming. The provider was clear in establishing expectations and let the patient know that she would need to stay a certain amount of time to run a series of tests. In between tests, a technician caring for a different patient noticed that she was shivering and offered her a blanket. She had the **courage** to accept and to let him know how much that simple gesture meant to her. He smiled and said, "It's nothing. You just looked cold to me."

Later, during the CT scan, some warm hands touched her head and a friendly voice said, "Don't move, but your husband is here and he wanted us to tell you how much he loves you." The patient had the **courage** to stay still and hold back her tears. As the technician talked, the patient visualized her loving family. She was ready to change and begin once more to trust hospitals.

The extra steps taken by the provider where he showed kindness only took a few minutes of his time. The attention exemplified how being caring, generous and a willing partner with the patient's needs, no matter the "isms" we all face, can make a difference to the medical encounter.

This gesture was part of my healing. Imagine when we rob patients and providers from such great opportunities because we can not communicate with each other? Or we are afraid of each other? The small gestures can make a difference.

I am so thankful for all your great work in supporting this new movement towards patient centered care where language, socio-economic, culture and race are inseparable.

Thank you also to our interpreters for your understanding when CCCS asks for an update with your immunizations or when we follow up with critical incidents. Thanks for submitting your service forms on time and for being cordial and respectful to all our staff, our vendors and patients.

Thank you to our customers for paying us on time and for recommending CCCS to many new customers.

You need to know that CCCS is a company that strives to keep its promises in the delivery of many great services. We make a difference, and it takes a team to build a future!

I hope that with all my work my young adult daughters keep their great humanitarian work and they keep "pushing" me to become a better mother resulting in being a better business woman!

By Zarita Araujo-Lane, LICSW



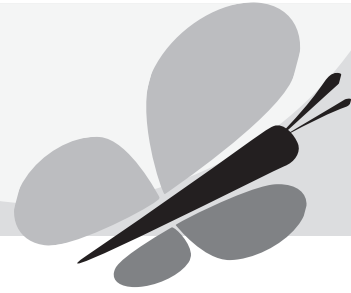
HOPE FOR THE FUTURE by Aida Cases

Hope can be a powerful vision for the future. Hope, as defined by Webster's Dictionary, is that everlasting "feeling that what is wanted will happen; (a) desire accompanied by expectation." (1) Although, merely hoping and desiring change alone will not bring positive and unique experience to our lives, undefined expectations can lead us to lose sight of the true meaning of hope. We must be ready to take on new challenges in our lives. As the saying goes "we must take the bull by the horns," (2) in other words we must face the world head on to make those changes that matters to us.

In 2008 we heard the words hope and change many times during the Presidential exchanges. Many people were inspired by this simple concept and viewpoint to help us face an uncertain future in our nation. This has not been the only time these words have been spoken by men who wanted the best for our nation. Many years ago, Martin Luther King also spoke of hope when he stated, "Everything that is done in the world is done by hope." (3)

These words of hope and change reflect a strong image of what we desire and expect in our future. It is about moving our vision into reality and living by the standards that will shift those changes into

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INTERPRETER RESOURCE CORNER

SAVING MONEY AND THE ENVIRONMENT

"Each month the Communicator Express publishes tips to help freelance interpreters remain financially successful in today's tough economic landscape. These might include ideas on going green, saving money, maximizing time. This month's tip reiterates the information offered in the November 2008 issue regarding IRS information with tax preparation ideas, websites, tips on organizing and managing your business as an independent contractor. You are considered a self-employed individual and have the responsibility to complete your tax forms. Always check with your accountant before making final decisions."

- For additional information of legal business deductions check the Internal Revenue Service Publication 552, **Record Keeping for Individual at IRS** website is: www.irs.gov
- Track your expenses by preparing business files for your mileage, parking, tolls, etc.
- Work with schedules and calendars to manage your business activities
- Think about ways you can "stay green" and help the environment; i.e., recycling.
- Participate in activities that will broaden your perspective and imagination.



CCCS, Inc. has experienced some changes in 2009. One is the departure of Vonessa Philips Costa. Ms. Costa is no longer the CCCI Director at CCCS but will continue as a Primary Instructor at CCCI. We wish her luck in her new adventure and thank her for her invaluable contribution to CCCS and CCCI. The new CCCI Director is Zarita Araujo-Lane, LICSW.

W-9 Forms: Your W-9 forms have been mailed out to you and must be signed and returned before January 31, 2009 to CCCS attention: Gail Marinaccio, P.O. Box 2308, Woburn, MA 01888.

Reminder: This month has been the best timely submission of invoices by CCCS freelance interpreters. We would like to thank you and remind you to continue this timely submission of your invoices which will help you receive your payment on time as well as help our accounting department get these checks to you. If you have any questions regarding your payment information, contact CCCS at 781-729-3736 ext. 118, by fax 781-937-4222 with your question circled for clarity, or you can e-mail the question to: cccsinc_payments@cccsorg.com. Again thank you for your timely submission of invoices and keep up the good work.

8-Hr MIFT for new interpreters: The first 2009 CCCS independent freelance interpreters 8-hr MIFT was completed January 26, 2009. Thank you to all those who attended this very important informational meeting. The next 8-hr MIFT will be held on February 23, 2009 from 9AM-5PM. For more information contact Amanda Duross, Interpreter Resource and Q&A Director at 781-729-3736 ext. 120.

Interpreter of the Month: Congratulations to **Ana Stergiou** who has been selected as **Interpreter of the Month**. We are proud to bestow this award for her invaluable professionalism as an interpreter and for her valuable service. We are also proud to announce that **Elena Soto** received **Honorable Mention award** for her continued good work. Thank you and congratulations.

Interpreter of the month are chosen from a committee of CCCS staff members, the Positive Reinforcement Committee, who receives recommendations from CCCS clients or staff members. Each interpreter is nominated based on several criteria which include, but not limited to, quality of interpreting skills, excellent interpersonal skills and team spirit (both in the interpreting assignment as well as communicating with CCCS staff), ongoing commitment to professional development, high ethical

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standards, and the “Hero” category in which an interpreter literally saves a life while careful not to cross professional boundaries.

However, before being nominated for this award, an interpreter must have the following: Proof of completion of MIFT training, Interpreter Portfolio updated-six months and be “Critical Incident” free.

Our Critical Incident Team continues to work in partnership with interpreters and customers to ensure seamless services. We want to acknowledge those interpreters who have continued to work hard and have shown great improvements.

Preparing for an assignment:

The Critical Incident Team would like to remind all our interpreters that it is important to arrive 15 minutes early to your assignment. Use the day before to prepare by ensuring you have the right directions, know where to park and who to check in with. Also, please remember that you are on a professional assignment and should not be socializing with patients. Remind the provider if he/she wants to leave you alone with the patient, that you need to step outside the room, as per CCCS policy. Interpreters should not be left alone in a room with a patient. A professional interpreter is always ready, prepared and dresses as a professional for all assignments.

Accent marks in your e-mail communication: NCIHC listserve contributed the following information on working with accent marks while communicating by e-mail. The website includes instructions and information to assist you with accent marks—<http://www.rom.uga.edu/topics/accents.html>.

For questions on your payments or SF status please leave a detailed message in our new voice mail at X.118

Look for upcoming information on a CCCS Interpreter Language Lab for interpreters to practice simultaneous and consecutive interpreting skills for a small fee . Also, be sure to visit CCCS website for more information on interpreter and provider trainings: www.cccsorg.com

HOPE FOR THE FUTURE CONTINUED FROM PAGE 3

the present. Hope gives us the power of recognizing changes in our lives whether they are visible or invisible and discovering the values and consistency which can translate into results.

Nevertheless, change is not always an easy task for many of us. Sometimes fear of the unknown keeps us from making changes in our lives, fear of being criticized or failing. But it is hope that will help us get motivated and communicate to those around us what obstacles and opportunities we can take on. We can use lessons from the past to help us in our journey and be ready to venture ahead when we take on responsibilities that may make us uncomfortable. And most importantly, be willing to change that which keeps us from fulfilling our dreams.

How do we accomplish this and create positive changes in our everyday lives? One very specific way is to follow the traits of inspirational leaders. A good leader understands his or her commitment to themselves, to those around them and takes action when things are not working well. Building on strengths and weaknesses, a leader creates a vision of the future and sets goals that can be attainable. A leader is a person who is not afraid of ideas that will simplify his or her lives and feels enthusiastic about preparing for the future. Individually and collectively, we must share in the commitment of making things better for ourselves and for those around us.

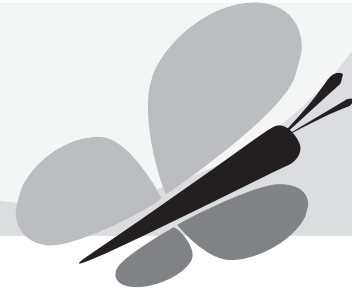
There are simple ideas that can help us begin anew, for example;

1. Take a course to enhance and enrich your knowledge.
2. Create a schedule for time management.
3. Prepare for the future by thinking about retirement savings if you are self-employed.
4. Think about ways you can “stay green” and help the environment.
5. Participate in activities that will broaden your perspective and imagination.

(1) Neufeldt, Victoria, Ed. In Chief, Guralnik, David B., Ed. In Chief Emeritus, *Webster’s New World Dictionary of American English, Third College Edition*, p 650, c1994, Simon & Schuster, inc., Ohio.

(2) Author unknown.

(3) King, Martin Luther, from his famous quotes, www.QuotesCard.com, 2006.



INTERPRETER CERTIFICATION: A summary by Aida Cases

Recently there have been many questions and discussions regarding a formal Certification process for health care interpreters. While there are not many clear answers how this process will affect interpreters in the field, I have summarized information to give you some of the background of what has precipitated this move towards a Certification process at this time.

In November 2003, a pilot project was developed with several partnering organizations. The Massachusetts Medical Interpreters Association (MMIA now IMIA) hosted the project with volunteer representatives from CHIA (California Health Care Interpreting Association) the National Council on Interpreting in Health Care (NCIHC) Committee of Standards, Training and Certification as well as Healthy House of Merced. This coalition created the MIAC (Medical Interpreting Assessment for Certification) group.

The MMIA is an interpreter organization founded in 1986 and became an official non-profit in 1992 known as MMIA. They developed the first Standards of Practice. In 2007, the MMIA officially became the International Medical Interpreters Association, IMIA. Since 1997, the IMIA has held annual Conferences providing educational and informative opportunities to the profession.

During the certification pilot in November 2003, two of the representatives from the partnering organizations (MMIA, NCIHC) signed a "Memorandum of Understanding (MOA)." The MOA signed and agreed to by MMIA and NCIHC, stated that the intellectual property in the certification process piloted project was the property of MMIA. The MOA essentially protected the intellectual property of the piloted certification process. For additional information on the MOA and the certification process, see the IMIA website on Certification

<http://www.imiaweb.org/certification>. (1)

In the summer of 2006, during an annual membership meeting, the NCIHC continued with additional discussions with respect to a national certification process as a response to its members. A consensus was reached to continue with open and inclusive dialogues resulting in several national forums being held by NCIHC, Standards, Training and Certification Committee (STC) around the country. A total of 11 forums were held on the topic of a national certification culminating in a published report. The report, "*Are we Ready for National Certification of Health Care Interpreters? A summary of NCIHC Open Forums*" authored by Maria-Paz Beltran Avery, Ph.D. was released in October 2007, by the NCIHC. To see the full report go to www.ncihc.org. The report summarized many of the questions, concerns and direction of the national certification process by those participating in the forums. This report came to the conclusion that although "*there was a general sense of urgency to create a national certification process, the forum highlighted the need to ensure a well thought-out, systematic and systemic process of development that addresses not only the creation of a testing instrument of high technical quality but also fosters the conditions that would make the certification of health care interpreters a valued element of high quality.*"(2)

In December of 2007 NCIHC "convened a meeting to discuss forming a coalition to move the health care certification process forward"(3) Several representatives from national organizations (NCIHC, IMIA, CHIA and ATA) met to bring the process to a more formal and inclusive way by inviting additional national stakeholder to the table as well as forming a group specifically for the process. For additional information on who is on the committee, go to www.ncihc.org.

Bi-monthly meetings continued to be held with all the representatives from all four organizations (NCIHC, CHIA, IMIA, ATA). The four organization formed a coordinating committee to move the process of interpreter certification forward. The first official meeting of the coordinating committee was scheduled to be held in the Spring 2008 partially funded by the California Endowment.(4)

In March 2008, representatives from the four organizations met and officially formed a national coalition to work towards developing "a national certification for healthcare interpreters." The coordinating committee officially became the *National Coalition on Health Care Interpreter Certification* Coordinating Committee (NCC). The official coalition, NCC began the process of inviting national stakeholders to join the coalition. In June 2008 applications from national stakeholders were reviewed and 14 organizations were accepted to become part of the coalition. See www.ncihc.org page on National Council on Interpreting in Health Care Latest Updates on Certification page.

A second meeting was held in September 2008, in Minn. with all the participating invited organizations and the original members of the initial coalition, as well as two representatives from the California Endowment. The purpose of the meeting was to discuss the structure to move the process forward. During this meeting, however, the focus of the NCC, moved the process from that of "*developing a national certification process*" to "*developing standards for a national certification process.*"(5)

Concurrently the IMIA decided to work on a separate and independent Certification for interpreters. The separate certification for interpreters is independent of the NCC project. IMIA has continued to meet and recently

partnered with a for profit organization to continue the formal certification process. Recently the IMIA issued two press releases explaining the status of their work and their partnership. If you would like additional information on this topic go to <http://www.imiaweb.org/certification>. The IMIA site explains the certification background as well as "The Purposes of the Certification", the Criterion referenced" and much more.(5)

On January 28, 2009, the National Coalition on Health Care Interpreter Certification group (NCC) released a letter summarizing the result of a two day meeting held on January 22-23 in California. During this meeting, plans were developed to continue "pursuing work on certification development, certification for languages of lesser diffusion and the legal aspects of certification, beginning with the development of objective standards for the pre-qualification, training and testing, and continuing education of healthcare interpreters." The NCC committee will also be inviting more stakeholders to continue with the certification process. (6)

This summary is only intended as an informational piece and a glimpse of the process and may not include all the details and discussions which have culminated to where the certification is today. We hope you take the time to review all the available materials with respect to the certification process and we encourage you to visit the various sites for more information and clarification and to identify any corrections to this summary. It is only through discussion and direct information that your questions will be answered. Good luck!!!

(1) IMIA website on Certification

<http://www.imiaweb.org/certification>.

(2) *Are we Ready for National Certification of Health Care Interpreters? A summary of NCIHC Open Forums"*

authored by Maria-Paz Beltran Avery, Ph.D. was released in October 2007, by the NCIHC.

(3) NCIHC website, www.ncihc.org.

(4) NCIHC website, www.ncihc.org.

(5) IMIA website on Certification

<http://www.imiaweb.org/certification>.

(6) NCC letter dated January 28, 2009, "National Coalition Surges Ahead With National Healthcare Interpreter Certification."

CCCS COMMENTS ON THE CERTIFICATION PROCESS

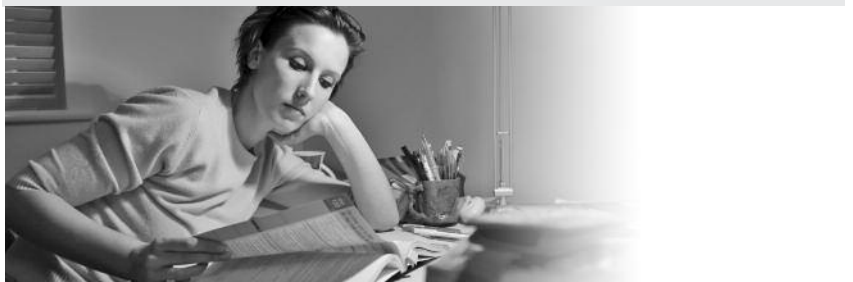
CCCS acknowledges the need for a formal national certification supported by an inclusive process which was initially supported by the formal national interpreter coalition (NCC) members to move this issue forward. However, the current creation of an exclusive process with a for profit partnership with an agency that also hires interpreters may create a conflict of interest.

Although IMIA has lowered the academic requirements for interpreters to register and become eligible to take the certification exam, there is a concern over the possibility that the certification exam may become financially out of reach for many interpreters. The concern is that providers will have to resort to remote interpreting and that face to face interpreters will no longer be as needed.

Certification and raising the bar for any profession are two important steps, but the industry needs to accommodate community face to face health care interpreters, who are the majority of our healthcare interpreters in this country. Other countries are looking at the US movement for community interpreting because it is more affordable and often it supports the immigrant community needs at a very important level.

While we believe that all modes of interpreting are important and crucial in order to facilitate equal access to health care, we are of the opinion that face to face interpreting continues to create the best possible scenario to ensure equal access to health care. We strongly recommend that certification should have two tracks; one for community interpreting and one for conferencing and telephone interpreting.

Face to face interpreters owe it to themselves and to the profession to continue with their studies, embracing the standards of practice and work towards improving academically and professionally. We ask our interpreters to be active members of different interpreting associations and to have their voices represented to this very divisive process where clearly there is lots of disagreement amongst experts in the field on the process of certification that is needed. We urge you to become involved and speak up for community medical interpreting track.





CCCS 2009 TRAININGS

The Cross Cultural Communication Institute at CCCS

THE ART OF MEDICAL INTERPRETATION 54-HOUR CERTIFICATE PROGRAM

WINTER 2009

Group I (Woburn, MA): Tuesdays, January 20-May 5,
6:45PM-10:15PM
Group II (Woburn, MA): Thursdays, February 26-May 28, 6PM-10PM
Group III (Nashua, NH): Saturdays, February 28-May 2, 9AM-3PM
Group IV (Woburn, MA): Saturdays, March 21-June 13, 9AM-3PM

SPRING/SUMMER 2009

Group I (Woburn, MA): Tuesdays, May 19-August 18, 6PM-10PM
Group II (Woburn, MA): Thursdays, June 4-September 3, 6PM-10PM

FALL 2009

Group I (Woburn, MA): Tuesdays, September 15-December 15,
6PM-10PM
Group II (Woburn, MA): Thursdays, September 17-December 17
6PM-10PM
Group III (Nashua, NH):
Saturdays, September 19-November 14, 9AM-3PM

Primary instructor: Vonessa Phillips Costa, Vera Outeiro or Tania West
Guest Presenters: Zarita Araujo-Lane, LICSW and Dr. Richard S. Lane

This program targets interpreters at all levels and fosters an environment that gives each individual a measure of control over the learning process. Training sessions focus on interpreting technique, cultural competency and ethics, mastering medical terminology through the Samurai! method, developing specialized glossaries and increasing memory power. Learning is measured through role-play and interpreter evaluation tools.

The Art of Medical Interpretation 54-hour training program has been approved by the American Translators Association for 5 Continuing Education Points.

Class size is limited to 30 students and features spoken languages only. Language coaches and target language glossaries will be provided to groups of 3 or more students working in each target language. All applicants must pass a mandatory pre-screening exam in English and target language(s) prior to acceptance in program. Applicants must pass language screening at a minimum of "Advanced Low" under the ACTFL Proficiency Guidelines/Speaking (see www.actfl.org).

**There is a pre-screening fee of \$35.
\$695 per student/Woburn-based programs (materials included)
\$595 per student/Nashua-based programs (materials included)
Ask about our payment installment plans.**

FUNDAMENTALS OF LEGAL INTERPRETATION

WINTER 2009

(Woburn, MA): Sundays, January 25-April 12 9AM-2PM

SPRING 2009

(Nashua, NH): Wednesdays, April 8-June 24 9AM-2PM

FALL 2009

Group I (Woburn, MA): Sundays, August 30-December 6 9AM-2PM
(No class on 9/6, 11/11, 11/29)
Group II (Nashua, NH): Wednesdays, September 2-November 18
9AM-2PM

Instructor: Frank Geoffrion

This 60-hour workshop series will clarify the legal interpreter's role and explore guidelines for legal interpreters. Students will participate in a series of interpreting-related activities designed to encourage short-term and long-term memory development. Such activities include learning to "listen for meaning", memory exercises, shadowing, dual-task training, paraphrasing and sight translation. Students will also develop an extensive vocabulary with concentration on terminology specific to legal matters. This program will also familiarize students with basic legal concepts.

Language coaches and target language materials will be provided for groups of 4 or more students working in the same language pair.

Class size is limited to 20 students and features Spanish, Portuguese, Arabic and Bosnian. All applicants must pass a mandatory pre-screening exam in English and target language(s) prior to acceptance in program. Applicants must pass language screening at a minimum of "Advanced Low" under the ACTFL Proficiency Guidelines/Speaking (see www.actfl.org). There is a pre-screening fee of \$30.

**Cost: \$750 (materials included)
Ask about our payment installment plans.**

As one of the few institutes to train in multiple languages, we offer introductory, intermediate and advanced training for legal, medical and mental health interpreters. Each semester, CCCS offers interpreter training programs at its Woburn, MA and Nashua, NH locations. For information on CCCS training programs in other states, or to bring CCCS training to your organization, contact, CCI Director, at (888) 678-CCCS ext. 110 and visit our website at www.cccsorg.com

Additional Workshops for Professional Interpreters. Great opportunities for enhancing your skills as interpreters.

PROFESSIONAL DEVELOPMENT FOR INTERPRETERS

Mondays and Wednesdays – 6PM-10PM – Look for additional information by visiting www.cccsorg.com.

- 1. Introduction to Mental Health Series: Psychology Testing, Substance Abuse**
- 2. Palliative Care: Asthma, Geriatric Care, Cancer**
- 3. Women's Health; And**
- 4. Advanced English Skills for Interpreters: Sundays - May 3,10,17,24,31 June 7, 9AM-2PM.**

This 30 hour workshop is designed for working or aspiring medical or legal interpreters whose second language is English and who would like to improve their interpreting accuracy into English. We will use interpreting materials that will concentrate on the differences in constructing sentences in English, true and false cognates, verb tenses, irregular verbs, auxiliary verbs, the sounds of English and other languages, indicative and subjunctive modes, compound sentences, language and culture.

Fees: \$320.00 for 30 hours of instruction. Can be paid by installments.

Pre-requisites: Active interpreters who have successfully completed a minimum 40 hours interpreting training in legal or medical interpreting.

Location: 800 West Cummings Park, Suites 3800-3900, Woburn, MA 01801

Register early to ensure your space today.

To register, contact:

Mariana de Paula, Program Coordinator, e: mdepaula@cccsorg.com



cross cultural communication systems, inc.

PO Box 2308, Woburn, MA 01888 | **p:** 781-729-3736 | **f:** 781-729-1217

New Hampshire Regional Office: PO Box 733, Nashua, NH 03060 | **p:** 1-888-678-CCCS | **f:** 603-386-6655

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