

CONNECTICUT VALLEY HOSPITAL
LANGUAGE SERVICES

EMPLOYEE NAME: _____

DIVISION/UNIT ASSIGNMENT: _____

INTERPETER CLASSIFICATION: IPC____PC____CN_____

Patient Name _____ Preferred language _____

DATE AND HOURS WORKED

| Date Worked | Division/Unit Worked | Time Started | Time Completed | Total Time |
|-------------|----------------------|--------------|----------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYEE SIGNATURE

DATE

SUPERVISORS SIGNATURE

DATE

Stipend Classification:

Professional Care (PC): bilingual staff member that has passed the language proficiency assessment and is deemed qualified to provide care in the patient’s primary language. Examples; Treatment or Assessment services in a professional discipline, Nursing, Medical, Psychiatry, Psychology, Social Work etc.

Interpretation for Professional Care (IPC): qualified/trained bilingual staff member that has passed a language proficiency assessment and has attended formalized training in mental health interpreting ,can be used independently as an interpreter in the provision of direct care.

Cultural Navigator: Bilingual staff member that has passed the language proficiency assessment and is able to give assistance in orientation, simple explanation, activities or engagement.

THIS FORM MUST BE TURNED IN BY THE LAST DATE OF THE MONTH TO THE DIRECTOR OF MULTI CULTURAL AFFAIRS OFFICE. FAX TO 860-262-5895.