

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.