



300 East Sixth Street, Suite 200
Sioux Falls, South Dakota 57103
(605) 731-2000 www.lsssd.org

Bridging the Gap Medical Interpreter Training APPLICATION FORM

Please submit by email, fax, or mail

Dates **July 13 – August 31, 2024, LSS Fishback Campus for Opportunity, 300 E. 6th St., Sioux Falls**
Saturdays 9:00 a.m. to 2:00 p.m.

Deadlines **Application form, deposit, proof of high school graduation, and proof of proficiency (if applicable):** **DATE** June 10, 2024
Remaining tuition fees: **DATE** July 9, 2024

Payment may be made by check, money order, cash or credit card. Checks are payable to: **Lutheran Social Services of South Dakota**. For credit card payments we will send you an invoice via email to be paid online.

Name: _____

Job Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell phone: _____ Email: _____

Preferred day and time for language proficiency assessment: _____
(We will try to meet this to the best of our ability.)

Primary Language: _____ Second Language: _____

Third Language, if any: _____

Pronouns (he, she, etc.): _____

Please note: Language assessments are required for applicants without other proof of proficiency. We will notify applicants of their language assessment schedule upon receipt of application form and non-refundable deposit of \$120.

Only if applicable

If someone else or another organization is paying for your course fees, please fill out the following section.

Name of Sponsoring Organization: _____

Contact Name at Sponsoring Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____