



# **TRAINING INTERPRETER CERTIFICATION**

Company Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Badge Number : \_\_\_\_\_

I do hereby certify that the above named employee will require a training interpreter for SIDA/Sterile SAN ID badge training. I understand the rules and responsibilities for a training interpreter below:

- 1. I will interpret the training as it is delivered in the training module.**
- 2. I will not give the answers to the quizzes or final test. This includes hinting, pointing, or any other manner that may show the correct answer to the badge applicant.**

I further certify that any discovery of providing answers to the badge applicant may result in punitive actions, up to, and including the revocation of my SAN ID badge.

<b>INTERPRETER INFORMATION</b>	
Interpreter Name:	_____
Badge Number:	_____
Signature: _____	Date: _____
<b>AUTHORIZING AGENT</b>	
Print Name:	_____
Signature: _____	Date: _____
<b>ACO USE ONLY</b>	
Training Date _____	ACO Staff ITL: _____