



Excellence In Health Care  
Through Education



# Sign Language Interpreter Workshop

## Medical Classifiers Level 1



### Topics Covered

Include--

- Body Systems
- Body Cavities
- Body Regions
- Body Functions and Anatomy

**Instructor:** Nigel Howard, BA, BCIT, is a world-renown presenter of Deaf topics, specializing in medical interpreting. He is an ASL instructor at Douglas College, British Columbia, Canada in the Department of Sign Language Interpretation. He also teaches in the Department of Linguistics at the University of Victoria, British Columbia, Canada. A Deaf Interpreter for over 15 years, he has conducted workshops on Interpreting development and professionalism in Canada, Japan, England, South Africa, and South America. Additionally, he co –authored ASL Medical Interpreting courses and has taught this course in Canada and the United States. Nigel is a member of the World Association of Sign Language Interpreters (WASLI).

**This workshop will be presented in ASL only; There will be no voice interpretation.**

### Date and Times:

Friday, October 28, 2011- 5 PM – 9 PM (Registration at 4:45 PM)

Saturday, October 29, 2011 – 9 AM – 4 PM

Sunday, October 30, 2011 – 9 AM – 2 PM

### Location:

Greenville Memorial Hospital- Conference Rooms 2 and 3  
701 Grove Road, Greenville, SC 29605

Please bring your own lunch; or make use of the Chick-Fill-a, Starbucks, or Hospital Cafeteria outside of the Conference center.

ASL/English interpreters and Deaf interpreters are encouraged to register. Advanced ITP students may also attend though the workshop is for working interpreters.

Registration Fee: \$140 for three days  
\$100 for Fri and Sat  
\$50 for AHEC members three days

SC RID is an Approved RID CMP Sponsor for Continuing Education Activities. This Professional Studies program is offered for up to 1.45 CEUs at the Extensive Content Knowledge Level. Partial credit will be awarded from RID.

1.4 CEUs by Upstate AHEC

**NOTE: Participants must attend 90% of the educational offering to receive a certificate of attendance from AHEC. No partial credit will be given from AHEC.**

# Registration Information

**FEE** \$140 for Upstate AHEC Non-Members for 3 days

\$100 for Upstate AHEC Non-Members for 2 days (Friday and Saturday)

\$50 for Upstate AHEC Members

To ensure your space, pre-registration and payment must be received by October 20.

Participants may register in the following ways:

**PHONE:** (864) 349-1160 Have Credit Card available.

**FAX form with credit card information to:** (864) 349-1179

**ONLINE:** [www.upstateahec.org](http://www.upstateahec.org)

**MAIL the form with Payment:** Upstate AHEC  
200 North Main Street, Suite 201  
Greenville, SC 29601

Call 864-349-1160, M-F Eastern Time, if registering within one week of conference, for space availability.

**REFUNDS:** No refunds will be given if request is received less than 48 hours prior to the workshop. Substitutions will be accepted. Registration fees will be refunded if a workshop is canceled.

Upstate AHEC is committed to a policy of nondiscrimination involving equal access to education and employment opportunity to all, regardless of sex, race, age, religion, color, national origin or disability.

**ADA:** If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to participate in this program, call (864) 349-1160 or [tpierce@upstateahec.org](mailto:tpierce@upstateahec.org).

**Sign Language Interpreter Workshop**

October 28, 29, and 30, 2011

Check one \_\_\_\_\_ 3 days \_\_\_\_\_ 2 days (Friday and Saturday)

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Name                      Licensure/Credentials

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Home Address

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Email Address

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Employer

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Telephone: Business                      Home/Cell #

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Birth Month / Birth Date / Last 4 digits of SS#

(ex. 07/31/3622)

**Indicate Method of Payment. Payment must accompany each registration.**

- Check enclosed payable to: Upstate AHEC  
 Credit Card    \_\_\_MC \_\_\_VISA \_\_\_AmEx \_\_\_Discover

*If paying by credit card, please fill out information below:*

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Type of card    Card Number

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Exp date                      3 digit auth code

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Name on Card

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Billing Address of card (Street, City, State, Zip)