

Health PEI

RECORD OF LANGUAGE INTERPRETATION REQUEST FORM

Service providers who request language interpretation support through Nova Scotia Interpreting Services must complete this form and then forward it to the site manager. The site manager is responsible for signing off the expenditure and forwarding the form. Please print and forward the completed form to:

David Kerr
Financial Officer
P.O. Box 2000
Charlottetown, PE
Canada C1A 7N8

1. **Health PEI Service Site requesting Nova Scotia Interpreting Services support:**

2. **Date of Request:** _____
MM/DD/YYYY

3. **Type of Request**

- Appointment booking/ confirmation
- Interpretation during care giving/service procedure

4. **Time of Request**

- Business Hours (8 am until 4:30 pm – Monday to Friday)
- After Business Hours (4:30 pm to 8 am – Monday to Friday (Weekdays)
(4:30 pm Friday to 8 am Monday (Weekends))

5. **Name/ Title of Health PEI staff member who made the interpretation request**

6. **Health PEI Manager Authorization**

Name (Please Print)

Signature

7. **Billing Code (completed by Manager):** _____

