



Corporation of Translators,
Terminologists and Interpreters of New Brunswick

CERTIFICATION IN TRANSLATION BY MENTORSHIP PROGRAM

Mentor's Application Form

Name _____

CONTACT INFORMATION

Work Address

Tel. _____ E-mail _____

Home Address

Tel. _____ E-mail _____

LANGUAGE COMBINATION

Source language _____

Target language _____

Date of becoming a certified member of the CTINB _____

All communication between the mentee and the mentor takes place anonymously through a certification committee member. The certification committee member will provide instructions to both parties on how to include anonymous comments in the documents they will exchange during the mentorship.

WORK EXPERIENCE IN TRANSLATION

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

Print name _____

Signature _____

Please return the Application Form and properly signed attachments by email at vice-president1@ctinb.nb.ca or by regular mail at:

CTINB
P.O. Box 427
Fredericton, New Brunswick
E3B 4Z9