

**OFFICE OF MINORITY HEALTH
TRANSLATION REQUEST FORM
INSTRUCTION SHEET**

The purpose of this form is to request translation services. In order to process a request for English/Spanish translations you must include the Translation Request Form.

Instructions:

Section A. Contact Information

- 1) Enter your department.
- 2) Enter your location (i.e. room number)
- 3) Enter your email address.
- 4) Enter your name.
- 5) Enter your telephone/extension number.
- 6) Enter your fax number.

Section B. Document Information

- 7) Enter document title.
- 8) Enter type of document.
- 9) Enter type of service requested. Mark the box with “Translation” if you need your document to be translated to Spanish. Mark the box “Translation Approval Only” if your document has been translated and you need to verify that the translation is accurate and correct.
- 10) Enter requested deadline, if any.
- 11) Provide justification for urgent request.
- 12) Provide additional instructions, if needed.
- 13) List document copyright status. If yes, note permission to translate document.

Section C. Internal Use Only

Do not complete this section. For office use only.

Notes:

1. OMH’s policy: Oklahoma’s Hispanic population is predominately Mexican; therefore, documents will be translated in Mexican-Spanish.
2. If using acronyms, please provide definitions.
3. Translation time depends on size of document.
4. Preferably, all documents should be in Word format.

The Translation Request Form must be completed and submitted to the Office of Minority Health when requesting translation services.



Oklahoma State
Department of Health
Creating a State of Health

For difficulties with this form contact: Office of Minority Health
Office: 405 271-1337

OFFICE OF MINORITY HEALTH Translation Request Form

Contact Information

Your Department
Your Location
Your Email
Your Name
Your Number
Your Fax Number

Document Information

Document's title
Type of document (brochure, poster, flyer, curriculum, etc.)
Document submitted for Translation Translation Approval Only
Deadline (if any) State timeframe requested Normal Urgent
Justification for urgent request
Additional Instructions
Copyrighted? Y N If the document is copyrighted and OSDH has permission to translate, please attach copy of translation authorization to this Request Form.

Internal Use Only

Date received
Translator assigned
Start Date
Completion Date
Delivery Date
Sent to
Format Electronic Hard Copy other
For Translation Approval only Approved Not approved Approved with corrections

Please complete this form and fax it to 405 271-9228 or email it to MinorityHealth@health.ok.gov. Request for translations must include this form and document to be translated. **Submit a translation request form per document.**

Additional forms are available on the OSDH Minority Health's website:
http://www.ok.gov/health/Community_Health/Community_Development_Service/Minority_Health/index.html