



# Oregon

Theodore R. Kulongoski, Governor

## Oregon Health Authority

Office of Multicultural Health and Services

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Date: November 15, 2010

To: Interested Parties

From: David Cardona, Coordinator  
Health Care Interpreters Certification Program  
Office of Multicultural Health and Services

Subject: Notice of Permanent Rulemaking –OAR chapter 333, division 2 –“Registry Enrollment, Qualification and Certification of Health Care Interpreters (HCI)”

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The Oregon Health Authority, Public Health Division is proposing to permanently amend and repeal Oregon Administrative Rules in chapter 333, division 2 related to registry enrollment, qualification and certification of health care interpreters. These rules need to be adopted in order for the Authority to implement the rules to meet National Standards of Practice of Health Care Interpreters and to enable the Authority to contract with testing centers in order for the state of Oregon to be in compliance with the **qualification** portion of the rule (testing language proficiency of interpreters) and to work towards contracting with a national testing center(s) to implement the **certification** portion of the rule.

You are being invited to review the proposed rules and to comment on them. **If you wish to present oral testimony, a public hearing will be held in Portland, Oregon at 800 NE Oregon St, Room 1D, on December 20, 2010 at 11:00 a.m. (see hearing notice). You may also file written comments before 5:00 p.m. on December 22, 2010 to the Public Health Division Rules Coordinator at the following address:**

OHA, Public Health Division  
Brittany Sande, Administrative Rules Coordinator  
800 NE Oregon Street, Suite 930  
Portland, Oregon 97232

E-mail comments to: [brittany.a.sande@state.or.us](mailto:brittany.a.sande@state.or.us)

You may also send comments by fax to (971) 673-1299.

Final rules will be filed after consideration of all comments.

For more details, please see the Notice of Proposed Rulemaking Hearing, the Statement of Need and Fiscal Impact, and the full text of the proposed rules at the following website:

[http://oregon.gov/DHS/ph/omh/intrprtr/333-002\\_Urgent\\_Ammend\\_11152010.pdf](http://oregon.gov/DHS/ph/omh/intrprtr/333-002_Urgent_Ammend_11152010.pdf).

If you have questions or would like a paper copy of these rules, please call David Cardona at 971-673-1286.

Thank you for your continued support.

*“Assisting People to Become Independent, Healthy and Safe”*  
An Equal Opportunity Employer



Secretary of State  
**NOTICE OF PROPOSED RULEMAKING HEARING\***  
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority, Public Health Division	333	
Agency and Division	Administrative Rules Chapter Number	
Brittany Sande	800 NE Oregon St., Suite 930, Portland, OR 97232	971-673-1291
Rules Coordinator	Address	Telephone

**RULE CAPTION**

Registry Enrollment, Qualification and Certification of Health Care Interpreters (HCI)

**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

December 20, 2010	11 a.m.	800 NE Oregon St, Room 1D, Portland, OR 97232	Jana Fussell
Hearing Date	Time	Location	Hearings Officer

*Auxiliary aids for persons with disabilities are available upon advance request.*

**RULEMAKING ACTION**

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

**ADOPT:**

**AMEND:** 333-002-0000, 333-002-0010, 333-002-0020, 333-002-0030, 333-002-0035, 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, 333-002-0080, 333-002-0100, 333-002-0120, 333-002-0130, 333-002-0140, 333-002-0150, 333-002-0160, 333-002-0170, 333-002-0180, 333-002-0190, 333-002-0200, 333-002-0210, 333-002-0220, 333-002-0230

**REPEAL:** 333-002-0090, 333-002-0110

Stat. Auth. : ORS 409.623

Other Auth.:

Stats. Implemented: ORS 409.621, 409.623

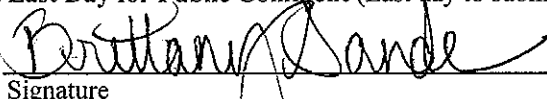
**RULE SUMMARY**

The Oregon Health Authority, Public Health Division is proposing to amend and repeal Oregon Administrative Rules in chapter 333, division 2 related to registry enrollment, qualification and certification of health care interpreters. The proposed changes are crucial to meet national standards and practices of health care interpreters. Without these rule amendments, patients may not receive adequate health care due to poor communication with their health care provider, which may result in due harm to the patients' health care outcomes. This may occur when utilizing an unqualified health care interpreter who has not received proper education and training, and who does not have proper credentials attesting to their interpreting skills and abilities. These rules need to be adopted in order for the Authority to implement the rules to meet National Standards of Practice of Health Care Interpreters and to enable the Authority to contract with testing centers in order for the state of Oregon to be in compliance with the **qualification** portion of the rule (testing language proficiency of interpreters) and to work towards contracting with a national testing center(s) to implement the **certification** portion of the rule.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

December 22, 2010 by 5 p.m.

**Last Day for Public Comment** (Last day to submit written comments to the Rules Coordinator)

	Brittany Sande, Administrative Rules Coordinator	11/15/10
Signature	Printed name	Date

\*Hearing Notices published in the Oregon Bulletin must be submitted by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, upon which the deadline is 5:00 pm the preceding workday. ARC 920-2005

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority, Public Health Division

333

Agency and Division

Administrative Rules Chapter Number

Registry Enrollment, Qualification and Certification of Health Care Interpreters (HCI)

Rule Caption

In the Matter of: Amending and repealing Oregon administrative rules in chapter 333, division 2 related to health care interpreters

Statutory Authority: ORS 409.623

Other Authority:

Stats. Implemented: ORS 409.621, 409.623

## Need for the Rule(s):

The Oregon Health Authority (Authority), Public Health Division is proposing to amend and repeal Oregon Administrative Rules in chapter 333, division 2 related to registry enrollment, qualification and certification of health care interpreters. The proposed changes are crucial to meet national standards and practices of health care interpreters. The Authority finds that failure to enact the proposed rules will result in serious prejudice to the public interest, the Authority, health care interpreter(s), health care provider(s), hospitals and clinics, health care administration systems, and ultimately may affect the limited English proficient patients that are served in the state of Oregon. Patients may not receive adequate health care due to poor communication with their health care provider, which may result in due harm to the patients' health care outcomes. This may occur when utilizing an unqualified health care interpreter who has not received proper education and training, and who does not have proper credentials attesting to their interpreting skills and abilities. These rules need to be adopted in order for the Authority to implement the rules to meet National Standards of Practice of Health Care Interpreters and to enable the Authority to contract with testing centers in order for the state of Oregon to be in compliance with the **qualification** portion of the rule (testing language proficiency of interpreters) and to work towards contracting with a national testing center(s) to implement the **certification** portion of the rule.

The proposed rulemaking addresses all issues related to education and training requirements for health care interpreters, requirements for registering in the central registry of HCI, and requirements for qualification and certification. These proposed rules meet national standards for education and certification of HCI.

## Documents Relied Upon, and where they are available:

- National Standards of Practice of Interpreters in Health Care:  
[http://www.oregon.gov/DHS/ph/omh/intrprtr/docs/NCIHC\\_NS.pdf](http://www.oregon.gov/DHS/ph/omh/intrprtr/docs/NCIHC_NS.pdf)
- National Code of Ethics for Interpreters in Health Care:  
[http://www.oregon.gov/DHS/ph/omh/intrprtr/docs/NCIHC\\_NCE.pdf](http://www.oregon.gov/DHS/ph/omh/intrprtr/docs/NCIHC_NCE.pdf)
- Errors in Medical Interpretation and their potential clinical consequences in pediatric encounters. PEDIATRICS, Vol.111, No. 1, January 2003, PP 6 – 14; Glenn Flores, et al.  
<http://pediatrics.aappublications.org/cgi/content/full/111/1/6>
- ORS chapter 409: <http://www.leg.state.or.us/ors/409.html>

**Fiscal and Economic Impact:**

ORS 409.621 and ORS 409.623 require the Authority to establish qualification and certification testing for health care interpreters (HCI). The implementation of qualification and certification testing requires the development of six tests. The estimated cost for developing the tests is \$500,000, with an additional \$38,763 in other personnel services and service and supplies costs. The fiscal impact to the Authority by contracting out the qualification and certification portion of this program is estimated to be a reduction in expenditures totaling \$538,763. There will be a reduction, in the first year, of Other Fund (OF) revenue of \$150,000 as the contractor will be collecting fees associated with testing. The estimated revenue was projected through identification of approximately 300 interpreters throughout the state that will be taking the qualification and certification tests, which is \$250 for qualification and \$235 for certification. There are also costs associated with HCI training. The cost varies from program to program with an average of \$1500 per student for tuition and \$400 for books. To complete the required training takes approximately 100 hours. During this time the HCI may not be able to take an interpreter assignment due to the course load and time commitment associated with training. Health care interpreter agencies, hospitals, clinics, counties and other institutions that hire health care interpreters may be affected by having to pay for fees required for the qualification and certification of their employees as well as for the required training. The original intent for this program was to be self-sufficient, but with the high costs of developing and maintaining the tests to ensure that they are in compliance with federal regulations the projected revenues received will not offset the cost of operations.

The Authority is proposing a reduction of the scheduled fees collected by the Office of Multicultural Health and Services (OMHS), listed below, from health care interpreters since the HCI is being asked to contact the testing vendors and pay the testing fees directly to them. OMHS is only processing the HCI application for registration, qualification and certification. In return OMHS will recognize the passing scores from the testing centers as a valid result. Upon successful completion of testing, the testing center will provide the test results to OMHS and OMHS will issue a letter of HCI qualification or a letter of certification as a health care interpreter to the individual.

<b>Fees</b>	<b>Current</b>	<b>Proposed</b>	<b>Proposed Implementation Date</b>
HCI Registry Enrollment Application	\$25	\$25	1/2/2011
HCI Registry Renewal Application	\$25	\$25	1/2/2011
HCI Qualification Application and Request for Evaluation	\$300	\$25	1/2/2011
HCI Certification Application and Request for Evaluation	\$300	\$30	1/2/2011
HCI Interpreting Skills Assessment	\$400	\$400	1/2/2011
HCI Certification Renewal Application	\$100	\$30	1/2/2011
HCI External Transcript Review Request	\$50	\$125	1/2/2011
HCI Expedited Application Processing Request	\$50	N/A	1/2/2011

**Statement of Cost of Compliance:**

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

There will be no additional costs to maintain the proposed rule if the Authority is permitted to contract testing services. There will be no impact on units of local government or the public. However, there will be some personnel services costs for the Authority associated with contracting out these services, but

monitoring the contractor(s) will be absorbed with current FTE. There will be no costs associated with the contract(s).

There will be no equipment, supplies, labor or increased administration required of the Authority to ensure compliance as the contractor(s) will be required to update all testing materials to ensure compliance with current federal regulations.

2. Cost of compliance effect on small business (ORS 183.336):

It is not anticipated that there will be additional costs for small businesses to be in compliance with these rules.

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

There are an estimated 3,000 health care interpreters throughout the state of Oregon that this may impact. We recognize the fact that the great majority of them are freelance interpreters and are self-employed. However, qualification and certification is not mandatory in the state of Oregon.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

It is not anticipated that there will be any additional reporting, recordkeeping and other administrative activities required of health care interpreters or small businesses for compliance with the proposed rules.

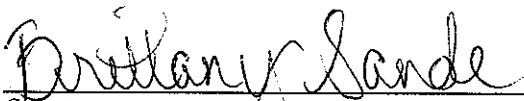
c. Equipment, supplies, labor and increased administration required for compliance:

There will be no equipment, supplies, labor or increased administration required to ensure compliance as the contractor(s) will be required to update all testing materials to ensure compliance with current federal regulations.

How were small businesses involved in the development of this rule?

There was representation of small businesses on the Oregon Council on Health Care Interpreters, which served as the Rule Advisory Committee for this rulemaking.

Administrative Rule Advisory Committee consulted? Yes. Agencies and organizations represented on the Rule Advisory Committee include: the Multnomah County Health Department; the Portland Chapter of the National Association of Hispanic Nurses; the International Refugee Center of Oregon (IRCO); the Asian Health & Service Center; CLIMB for Health Professionals at Portland Community College; Shriners Hospital; Kartini Clinic & Legacy Emanuel Children's Hospital; Center for Intercultural Organizing (CIO); Cascades East AHEC at CHC, Inc.; Oregon State University; Portland State University; A and R Enterprise, Inc.; the Law Office of Megan Jacquot; as well as representatives from DHS/OHA CAF, Public Health, SPD, DMAP, AMH, and the Department of Justice, Certified Court Interpreter Program.

  
Signature

Brittany Sande, Administrative Rules Coordinator  
Printed name

11/15/10  
Date

Underlined text is being added. ~~Strikethrough text is being deleted.~~

OREGON ADMINISTRATIVE RULES  
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION  
CHAPTER 333

DIVISION 2

STANDARDS FOR REGISTRY ENROLLMENT, QUALIFICATION AND  
CERTIFICATION OF HEALTH CARE INTERPRETERS

**333-002-0000**

**Purpose and Scope**

(1) Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving ~~f~~ederal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification ~~and~~ certification of health care interpreters for persons with ~~L~~imited English ~~P~~roficiency (LEP).

~~(1)(2) Any individual providing interpreting services, either in-person or remotely, and using the techniques of consecutive interpreting, sight translation, or simultaneous interpreting may elect to participate in the Health Care Interpreter program. A person may not use the title of "Qualified Health Care Interpreter" unless that person has been issued a valid letter of qualification by the Department under the provisions of OAR 333-002-0140. A person may not use the title of "Certified Health Care Interpreter" unless that individual has been issued a valid certificate by the Department under the provisions of OAR 333-002-0150.~~

(3) Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

**333-002-0010**

**Definitions**

As used in chapter 333, division 2 the following definitions apply~~division 002 of OAR chapter 333:~~

(1) "Applicant" means any individual~~person~~ who has applied under OAR 333-002-0050 for registry enrollment~~, or~~ qualification~~, or~~ certification as a hHealth cCare iInterpreter for any of the following languages: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.

(2) "Authority" means the Oregon Health Authority.

(2) "Central Registry" means a registry of individuals recognized as hHealth cCare iInterpreters ~~and~~ maintained by the Authority~~Department~~ in accordance with OAR 333-002-0030.

(3) "Certified Health Care Interpreter" means an individual~~person~~ who has been issued an approved~~valid~~ certificate by the Authority~~Department~~ under the provisions of OAR 333-002-0150.

(4) "Consecutive Interpreting" means the conversion of a speaker's s~~or signer's~~ message into another language after the speaker ~~or signer~~ pauses.

~~(5) "Department" means the Department of Human Services.~~

- (56) "Formal Training" means training obtained in a formal academic setting, seminars, in-service trainings, or other substantive distance learning.
- (67) "Fluency" means the ability to effectively communicate between the patient and the medical provider including, but not limited to the ability to interpret the dialect, slang, or specialized vocabulary of a language to ensure the provision of high quality care ~~interpret the dialect, slang, or specialized vocabulary of a language.~~
- (78) "Health Care" means medical, surgical ~~or, clinic,~~ hospital care, home health, mental health, public health presentations or any other remedial care recognized by state law, including mental health care.
- (89) "Health Care Interpreter" ~~or "(HCI)"~~ means an individually person who is readily able to communicate with an individual with limited English proficiency and to accurately translate the written or interpret the oral statements of the individual with limited English proficiency into English, and who is readily able to translate the written or oral statements of other individuals into the language of the individual with limited English proficiency. ~~provides interpreting services in a health care setting whether they are an employee, contractor, volunteer, student, or intern.~~
- (94) ~~9~~ "Interpreting" means the process of understanding and analyzing a spoken message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.
- (10) "Interpreting Knowledge" means an entry-level range of interpreting knowledge and skills that includes but ~~is may~~ not ~~be~~ limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.
- (11) "Interpreting Proficiency" means a wide range of interpreting knowledge and skills that includes but ~~is may~~ not ~~be~~ limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and ability to translate ~~on the necessary information between the medical provider and the patient of simple instructions.~~
- (12) ~~"Interpreting Services" means the process of understanding and analyzing a spoken or signed message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.~~
- (123) "Limited English Proficient" or ~~("LEP)"~~ means a legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.
- (134) "Office of Multicultural Health and Services" ~~or ("OMHS)"~~ means the central administrative support office of the AuthorityDepartment responsible for implementing and maintaining the requirements of ORS 409.615 to 409.623.
- (145) ~~"Oregon Council on Health Care InterpretersMH Health Care Interpreter Advisory Board"~~ means the advisory body of experts in the areas of language and health care interpreting, ~~subject matter experts comprised of~~ industry professionals, educators and community representatives.
- (156) "Qualified Health Care Interpreter" means an individual person who has been issued a valid letter of qualification by the AuthorityDepartment under the provisions of OAR 333-002-0140.
- (167) "Remote Interpreting" means interpreting services provided via telephone, video, online or any other electronic means where at least one of the principal participants ~~(patient or provider),~~ is physically present in Oregon.
- (178) "Sight Translation" means translation of a written document into spoken ~~/signed~~ language.

(1~~89~~) "Simultaneous Interpreting" means converting a speaker's ~~or signer's~~ message into another language while the speaker ~~or signer~~ continues to speak ~~or sign~~.

(1~~920~~) "Translation" means the conversion of written text into a corresponding written text in a different language.

(2~~04~~) "Verifiable Evidence" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents. ~~of Health Care Interpreter experience obtained within the 24 months preceding the application date. Such d~~Documentation may include: employer endorsement, pay statement, services contract, remittance advice, ~~and/or~~ student practicum, or /intern time log.

(2~~12~~) "Written verification" means documented proof by means that are reasonably reliable to establish authenticity of submitted documents ~~of Health Care Interpreter training. Such d~~Documentation may include: official transcripts, a certificate of completion, ~~and/or~~ an endorsement from an agency or institution whose training curriculum is approved by the AuthorityDepartment.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0020**

#### **Health Care Interpreter Services**

Any individual providing Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting as defined in this division may:

(1) Voluntarily meet the eligibility standards for registry enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or

(2) Voluntarily meet the requirements of qualification established in OAR 333-002-0040 and be issued a valid letter of qualification by the AuthorityDepartment under the provisions of OAR 333-002-0140; or

(3) Voluntarily meet the requirements of certification established in OAR 333-002-0040 and be issued a valid letter of certificationcertificate by the AuthorityDepartment under the provisions of OAR 333-002-0150.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0030**

#### **Central Registry**

The AuthorityDepartment will maintain a central registry of individuals who are registered, qualified, and certified providing hHealth cCare iInterpreter sServices as defined in 333-002-0020.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0035**

#### **Fees**

The AuthorityDepartment establishes the following Health Care Interpreter program fees:

(1) An HCI Registry Enrollment Application shall requirehave a fee of \$25 per application.

(2) An HCI Registry Renewal Application shall requirehave a fee of \$25 per application.

- (3) An HCI Qualification Application and Request for Evaluation shall ~~require~~ have a fee of \$~~25300~~ per application.
  - (4) An HCI Certification Application and Request for Evaluation shall ~~require~~ have a fee of \$300 per application.
  - (5) An HCI Interpreting ~~Skills~~ Assessment for a subspecialty shall ~~require~~ have a fee of \$400 per attempt.
  - (6) An HCI Certification Renewal Application shall ~~require~~ have a fee of \$~~30400~~ per application.
  - (7) An HCI External Transcript Review Request shall ~~require~~ have a fee of \$~~12550~~ per request.
  - ~~(8) An HCI Expedited Application Processing Request shall have a fee of \$50 per request.~~
- Stat. Auth.: ORS 409.623  
 Stats. Implemented: ORS 409.621, 409.623

### 333-002-0040

#### Eligibility Standards for Registry Enrollment, Qualification and Certification

- (1) Applicants seeking enrollment in the ~~HCI~~ Health Care Interpreter registry must:
  - (a) Be at least 18 years of age;
  - (b) Submit applicable forms and fees ~~(as established in OAR 333-002-0035);~~
  - (c) Successfully complete the ~~HCI~~ Health Care Interpreter orientation session set by the Authority provided by the Department.; Information presented shall include but is not limited to the following topics:
    - (A) Presentation of ORS 409.615 to 409.623 and OAR chapter 333, division 2;
    - (B) Review of Authority, health care interpreter, provider and patient roles and responsibilities; and
    - (C) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.
  - (d) ~~Agree to~~ abide by the National Code of Ethics for Interpreters in Health Care as established by OAR 333-002-0100; ~~and~~
  - (e) ~~Agree to~~ abide by the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0110; ~~and~~
  - (f) Have a high school diploma or a GED from an accredited school in the United States of America, or an equivalent diploma from another country.
- (2) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking qualification must be able to:
  - (a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;
    - (A) The requirement of 60 credit hours of health care interpreting formal training for qualification and for certification do not apply to educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to December 31, 2010.
    - (B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.
  - (b) Provide verifiable evidence of ~~4030~~ hours of experience; and
  - (c) Demonstrate health care interpreting knowledge by passing a qualification skill evaluation offered by ~~an~~ the Authority approved language proficiency testing center ~~Department~~ as defined in OAR 333-002-0070.

(3) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking certification must be able to:

(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;

(A) The requirement of 60 credit hours of health care interpreting formal training for qualification and for certification do not apply to educators and trainers of health care interpreters that have worked in the field for two consecutive years in the state of Oregon at any time from January 2, 1996 to December 31, 2010.

(B) The individual must submit a signed letter from an accredited institution to be eligible for this exception.

(b) Provide verifiable evidence of ~~8030~~ hours of work experience as an HCI; and

(c) Demonstrate health care interpreting proficiency by passing an approved national certification test skill evaluation and assessment offered by the Department as defined in OAR 333-002-0070.

(4) Each HCI applicant seeking certification must first have completed all required documentation to become an Oregon Qualified HCI. No applicant may skip qualified level requirements. Each HCI applicant seeking certification must show proof of national certification.

(5) The Authority Department shall will accept formal training from entities outside of Oregon that who can demonstrate that their criteria are equal to or exceed Oregon criteria as established by these rules is division and Department policy. The Authority shall maintain a list of Authority approved training centers where applicants may receive the required education. Applicants holding written verification from outside entities do not need to retake training however; they must satisfy the requirements as set forth in sections (1), (2) and (3) of this rule.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0050**

#### **Application Procedure**

(1) Upon request, the Authority Department shall will provide an application packet or a link to the HCI webpage where the applicant may complete an online application, download an application, or obtain a printable paper application, to any individual seeking registry enrollment ~~for~~; qualification; or certification as an HCI Health Care Interpreter.

(2) Applicants must submit standard forms along with required documentation and applicable fees ~~(as established in OAR 333-002-0035)~~ to the Authority Department.

(3) All application materials submitted in a language other than English must be accompanied by:

(a) An accurate translation of those documents into English; and

~~(b) A notarized affidavit certifying that the translator is competent in both the language of the document and the English language; or~~

~~(be) A translator's certificate~~ notarized affidavit certifying that the documents that have been translated are true and accurate, by an independent translator other than the applicant. ~~translation is a true and complete translation of the foreign language original.~~

(4) The applicant shall pay for a Any translation costs for documents required by the Authority Department will be at the expense of the applicant.

- (5) If the ~~Authority~~~~Department~~ determines that the application and submitted documentation are acceptable, skill evaluation, skill assessment and/or an ~~Authority~~~~Department~~ approved orientation session ~~shall be~~ ~~will be scheduled,~~ as required.
- (6) If the ~~Authority~~~~Department~~ determines that the application is not complete or that the required documentation is not acceptable, the Authority shall notify the applicant ~~will be notified~~ within 30 days of receipt. An incomplete application includes, but is not limited to, an application ~~that lacks in which:~~
- (a) Required information or original signatures ~~are not provided;~~ or
- (b) Required forms, documentation or fees ~~(as established in OAR 333-002-0035) are not submitted.~~
- (7) Applicants may withdraw from the process at any time by submitting written notification to the ~~Authority;~~ however the Authority shall not refund any fees that are paid~~Department.~~
- (8) Applicants must submit a request for qualification testing directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.
- (9) Applicants must submit a request for certification directly to the Authority approved testing center. Applicants must pay the required testing fees directly to the testing center. Once the testing has been completed the testing results shall become part of the applicant's permanent record. Applicants shall authorize the Authority to receive a copy of their testing results from the authorized testing center.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### 333-002-0060

#### **Training and Work Experience Requirement**

- (1) ~~Qualified and Certified Health Care Interpreter a~~ Applicants seeking HCI qualification or certification must provide written verification of the successful completion of formal training at an Authority approved training center. Required subjects include Medical Terminology, Anatomy, Physiology, Concepts and Modes of Health Care Interpreting, and Health Care Interpreting Ethics. Applicants must meet or exceed the minimum training requirement for the credential being sought.
- (2) Each ~~HCI applicant seeking q~~Qualificationied ~~and c~~Certificationed ~~Health Care Interpreter applicant~~ must complete at least 60 hours of ~~Authority~~~~Department~~ approved training, including a minimum of:
- (a) ~~Fifty-two~~52 hours of integrated Medical Terminology, Anatomy and Physiology, Introductory Health Care Interpreting Concepts and Modes; and
- (b) Eight hours of Health Care Interpreting Ethics.
- (3) Each HCI applicant seeking qualification must show proof of 40 working hours as a health care interpreter, which may include practical experience as an intern with a practicing health care interpreter, by providing verifiable evidence from an employer where the applicant has previously worked.
- (4) Each HCI applicant seeking certification must show proof of 80 working professional hours as a health care interpreter by providing verifiable evidence from a previous employer.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### 333-002-0070

#### Skill Evaluation and Assessment

- (1) Qualification skill evaluations shall be available to the applicant by the Authority approved language proficiency testing center. ~~will be held at least twice annually in multiple locations state wide.~~
- (2) Certification skill evaluations and assessments shall be available to the applicant by the Authority approved testing center. ~~will be held at least twice annually in multiple locations state wide.~~
- (3) All evaluations and assessments are given in English and the foreign language for which qualification or certification is being sought.
- (4) The Authority approved testing center shall notify a Applicants ~~will be notified~~ by mail, postmarked at least two weeks before each scheduled evaluation or assessment, of the time and place of the applicable event.
- ~~(5) Applicants who request an extension in writing to the Department, postmarked 45 days in advance of a scheduled evaluation or assessment, may have their fees (as established in OAR 333-002-0035) apply to a subsequent date so long as the applicant sits for the evaluation or assessment within one year of the date of extension. Only one extension will be permitted and fees will not be refunded.~~
- ~~(6) Applicants must pass each evaluation or assessment within 18 months of the initial attempt with a maximum of three attempts. All applicable fees (as established in OAR 333-002-0035) must be submitted for each evaluation or assessment attempt. Evaluation and assessment fees will not be refunded for failed attempts.~~
- ~~(7) After three failed attempts; applicants must wait one year to re-apply.~~
- ~~(8) The Department may elect to administer evaluations or assessments at times other than those regularly scheduled. Additional costs associated with the administration of an unscheduled evaluation or assessment will be paid by the applicant.~~
- (5) The Authority shall proctor testing and shall determine testing locations, unless the approved testing center has their own testing center available and can verify the applicant's identity before testing.
- ~~(69)~~ Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. This identification could be a valid driver's license, valid state identification card, military identification, current ~~U.S.~~ passport, or immigration or /naturalization papers.
- ~~(740)~~ An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluations and assessments. Such conduct includes but is not limited to the following behaviors:
  - (a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process;
  - (b) Failure to follow written or oral instructions relative to conducting the evaluation or assessment, including termination times and procedures;
  - (c) Introducing unauthorized materials during any portion of the evaluation or assessment;
  - (d) Attempting to remove evaluation or assessment materials or notations from the testing site; or

(e) Violating the credentialing process by:

(A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment;

(B) Having an impersonator take the evaluation or assessment on one's behalf; or

(C) Impersonating an applicant.

~~(814)~~ Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 to 192.505.

~~(912)~~ The ~~Authority~~Department may release statistical information regarding evaluation or assessment pass/fail rates by group, evaluation or assessment type, and subject area to any interested party.

~~(1013)~~ Applicants ~~needing accommodation because of a disability with special needs~~ may apply to the ~~Authority or to the testing center~~Department for ~~the provision of~~ accommodations to complete an evaluation or assessment. A request for accommodations must be made to the ~~Authority~~Department in writing no later than 30 days prior to the date of the evaluation or assessment.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0080**

#### **Skill Evaluation or Assessment Appeal**

Applicants who fail to pass a test at an Authority approved testing center may appeal the results with the testing center directly and pay any fees associated with the request. The testing center's determination is final. Applicants have no further appeal rights with the Authority.

~~(1) Applicants who fail to pass a Department administered evaluation or assessment may request to review their results.~~

~~(2) The following appeal process will be utilized to request a review:~~

~~(a) Requests must be submitted on the standard form and received by the Department within 30 days of the Notification of Skill Evaluation or Assessment Results sent to the applicant; and~~

~~(b) Applicants must specifically state the reason for the appeal and why they believe the results should be modified. Applicants must identify clear and convincing evidence of error in the evaluation or assessment content, bias, prejudice or discrimination in the testing process that they feel are applicable to the appeal.~~

~~(3) The Department will not consider any challenges to evaluation or assessment scores unless the total of the potentially revised score would result in issuance of a letter of qualification or certificate.~~

~~(4) Evaluation or assessment appeals and all related materials including written results, audio or videotapes, evaluator comments, and information provided by the applicant will be referred to the OMH Health Care Interpreter Advisory Board for review and recommendations.~~

~~(5) During the review, the applicants' identity will remain confidential.~~

~~(6) The Department will not consider oral arguments from the applicant regarding an evaluation or assessment appeal unless the Department determines that further information is required.~~

~~(7) The Department will make a determination as to whether to grant the appeal and that determination will become part of the public record.~~

~~(8) Granting an appeal may result in the following actions:~~

- ~~(a) Suspension of a failing score and opportunity for the applicant to retake the evaluation or assessment at no additional expense; or~~
- ~~(b) Reversal of a failing score and issuance of a letter of qualification or certificate.~~

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0090**

#### **Orientation Session**

~~Applicants for registry enrollment, qualification and certification must attend a Department approved orientation session. Information provided during orientation sessions will include, but may not be limited to the following topics:~~

- ~~(1) Presentation of ORS 409.615 to 409.623 and OAR 333-002;~~
- ~~(2) Review of Department, Health Care Interpreter, Provider and Patient roles and responsibilities; and~~
- ~~(3) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.~~

~~Stat. Auth.: ORS 409.623~~

~~Stats. Implemented: ORS 409.621, 409.623~~

### **333-002-0100**

#### **Code of Ethics and Standards of Practice for Interpreters in Health Care**

~~(1) Health Care interpreters must adhere to the National Code of Ethics for Interpreters in Health Care as established by the National Council on Interpreting in Health Care ~~(July, 2004; used with permission)~~;~~

~~(1)(2) Health care interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care.~~

~~(1) The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.~~

~~(2) The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.~~

~~(3) The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.~~

~~(4) The interpreter maintains the boundaries of the professional role, refraining from personal involvement.~~

~~(5) The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.~~

~~(6) The interpreter treats all parties with respect.~~

~~(7) When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.~~

~~(8) The interpreter strives to continually further his/her knowledge and skills.~~

~~(9) The interpreter must at all times act in a professional and ethical manner.~~

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0110**

#### **Standards of Practice for Interpreters in Health Care**

Health Care Interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care (September, 2005; used with permission): Standard I—Accuracy.

- (1) The interpreter renders all messages accurately and completely, without adding, omitting or substituting.
- (2) The interpreter replicates the register, style, and tone of the speaker.
- (3) The interpreter advises parties that everything said will be interpreted.
- (4) The interpreter manages the flow of communication.
- (5) The interpreter corrects errors in interpretation.
- (6) The interpreter maintains transparency. Standard II—Confidentiality.
- (7) The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.
- (8) The interpreter protects written patient information in his or her possession. Standard III—Impartiality.
- (9) The interpreter does not allow personal judgments or cultural values to influence objectivity.
- (10) The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary. Standard IV—Respect.
- (11) The interpreter uses professional, culturally appropriate ways of showing respect.
- (12) The interpreter promotes direct communication among all parties in the encounter.
- (13) The interpreter promotes patient autonomy. Standard V—Cultural Awareness.
- (14) The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.
- (15) The interpreter alerts all parties to any significant cultural misunderstanding that arises. Standard VI—Role Boundaries.
- (16) The interpreter limits personal involvement with all parties during the interpreting assignment.
- (17) The interpreter limits his or her professional activity to interpreting within an encounter.
- (18) The interpreter with an additional role adheres to all interpreting standards of practice while interpreting. Standard VII—Professionalism.
- (19) The interpreter is honest and ethical in all business practices.
- (20) The interpreter is prepared for all assignments.
- (21) The interpreter discloses skill limitations with respect to particular assignments.
- (22) The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.
- (23) The interpreter is accountable for professional performance.
- (24) The interpreter advocates for working conditions that support quality interpreting.
- (25) The interpreter shows respect for professionals with whom he or she works.
- (26) The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting. Standard VIII—Professional Development.

- ~~(27) The interpreter continues to develop language and cultural knowledge and interpreting skills.~~
  - ~~(28) The interpreter seeks feedback to improve his or her performance.~~
  - ~~(29) The interpreter supports the professional development of fellow interpreters.~~
  - ~~(30) The interpreter participates in organizations and activities that contribute to the development of the profession. Standard IX—Advocacy.~~
  - ~~(31) The interpreter may speak out to protect an individual from serious harm.~~
  - ~~(32) The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.~~
- Stat. Auth.: ORS 409.623  
 Stats. Implemented: ORS 409.621, 409.623

### 333-002-0120

#### Continuing Education

~~The intent of Continuing Education is to protect the public by maintaining and enhancing credential holders' knowledge and skills related to health care interpreting.~~

- ~~(1) Upon application for~~ At renewal of certification, an ~~time-C~~ Certified HC ~~Health Care Interpreters~~ must:
  - (a) Have completed ~~30~~ 16 hours of continuing education; and
  - (b) Sign and submit an Authority ~~Department~~ supplied c ~~Continuing~~ e ~~Education~~ form and written verification indicating they have completed the required number of hours of continuing education.
- (2) Continuing education must be completed within the renewal period. ~~Continuing education~~ at ~~et~~ hours taken in excess of the total number required may only be carried over to the next subsequent renewal period.
- (3) Continuing education records must be maintained by the HC ~~health care interpreter~~ for a minimum of ~~three~~ five years.
- (4) If the Authority ~~Department~~ finds indications of fraud or falsification of records, investigative action will be instituted. Findings may result in disciplinary action including revocation of the certificate.

Stat. Auth.: ORS 409.623  
 Stats. Implemented: ORS 409.621, 409.623

### 333-002-0130

#### Registry Enrollment

- (1) If the Department ~~Authority~~ determines OAR 333-002-0040, 333-002-0050, and 333-002-0090 have been met; that the applicant has met all requirements of these rules or meets all eligibility standards, the applicant may ~~will~~ be added to the central registry of h ~~Health~~ c ~~Care~~ i ~~Interpreters~~.

(2) Registry enrollment is valid for 12 months from the date of enrollment and is renewable.  
 Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### 333-002-0140

#### Letter of Qualification

(1) If the ~~Authority~~Department determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been met,~~;~~ a letter of qualification ~~may~~will be issued.

(2) Letters of Qualification are valid for ~~36~~24 months from the date of issue and are not renewable for languages for which certification is available. For other languages, qualification may be renewed every 36 months.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0150**

#### **Certificate**

(1) If the ~~Authority~~Department determines that OAR 333-002-0040, 333-002-0050, 333-002-0060, 333-002-0070, and 333-002-0090 have been met,~~;~~ a certificate ~~may~~will be issued.

(2) Certificates are valid for ~~36~~24 months from the date of issue and are renewable.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0160**

#### **Registry Enrollment Renewal**

(1) Applicants for registry enrollment renewal must provide ~~to~~ the ~~Authority~~with~~Department~~:

(a) The completed renewal form provided by the ~~Department~~Authority;

(b) Applicable fees ~~(as established in OAR 333-002-0035)~~;

(c) A current signed copy of the commitment form, included with the renewal form, acknowledging that ~~of~~ the applicant has read and agrees to abide by the National Code of Ethics for Interpreters in Health Care ~~(as established in OAR 333-002-0100)~~; and

(d) A current signed copy of the commitment form, included with the renewal form, acknowledging that ~~of~~ the applicant has read and agrees to abide by the National Standards of Practice for Interpreters in Health Care ~~(as established in OAR 333-002-0110)~~.

(2) The materials required by section (1) of this rule must be submitted to the ~~Authority~~Department ~~prior to the expiration date of registry enrollment and~~ no less than 30 days prior to the enrollment expiration date ~~in advance of that date~~. The date of submission of these materials ~~shall~~will be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the ~~Authority~~Department.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0170**

#### **Certification Renewal**

(1) A ~~c~~C~~ertified H~~C~~Health Care Interpreter~~ must provide ~~to~~ the ~~Authority~~with~~Department~~:

(a) The completed renewal form provided by the ~~Authority~~Department;

(b) ~~All a~~Applicable fees ~~(as established in OAR 333-002-0035)~~;

(c) Written verification of a minimum of ~~30~~16 hours of continuing education as defined in OAR 333-002-0120 during the preceding ~~three~~24 ~~years~~months;

(d) A current signed copy of the [commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the](#) National Code of Ethics for Interpreters in Health Care ~~(as established in OAR 333-002-0100)~~; and

(e) A current signed copy of the [commitment form, included with the renewal form, acknowledging that the applicant has read and agrees to abide by the](#) National Standards of Practice for Interpreters in Health Care ~~(as established in OAR 333-002-0110)~~.

(2) The materials required by section (1) of this rule must be submitted to the ~~Authority~~Department ~~prior to the expiration date of the certificate and~~ no less than 30 days ~~in advance of that date~~ prior to the letter of certificate expiration date. The date of submission of these materials ~~shall~~will be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the ~~Authority~~Department.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0180**

#### **Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment**

The ~~Authority~~Department ~~shall~~must deny, revoke, suspend or refuse to renew registry enrollment under the following conditions:

(1) Applicant for initial registry enrollment fails to meet the eligibility standards of OAR 333-002-0040;

(2) Applicant for registry enrollment renewal fails to comply with the requirements of OAR 333-002-0160;

(3) Applicant submits information that cannot be verified; or

(4) Applicant engages in conduct or practices found by the ~~Authority~~Department to be in violation of the National Code of Ethics for Interpreters in Health Care ~~set out in OAR 333-002-0100~~ or the National Standards of Practice for Interpreters in Health Care ~~set out in OAR 333-002-0110~~.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0190**

#### **Denial, Revocation, or Suspension of Letters of Qualification**

The ~~Authority~~Department ~~shall~~must deny, revoke, or suspend a ~~L~~Letter of ~~q~~Qualification under the following conditions:

(1) Applicant for an initial ~~L~~Letter of ~~q~~Qualification fails to meet the requirements of OAR 333-002-0040;

(2) Applicant submits information that cannot be verified; or

(3) Applicant engages in conduct or practices found by the ~~Authority~~Department to be in violation of the National Code of Ethics for Interpreters in Health Care ~~set out in OAR 333-002-0100~~ or the National Standards of Practice for Interpreters in Health Care ~~set out in OAR 333-002-0110~~.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0200**

## Denial, Revocation, Suspension or Refusal to Renew Certification

The ~~Authority~~Department shall~~must~~ deny, revoke, suspend or refuse to renew a ~~c~~Certificate under the following conditions:

- (1) Applicant for an initial ~~c~~Certification fails to meet the requirements of OAR 333-002-0040;
- (2) Applicant for a ~~c~~Certification renewal fails to comply with the requirements of OAR 333-002-0170;
- (3) Applicant submits information that cannot be verified; or
- (4) Applicant engages in conduct or practices found by the ~~Authority~~Department to be in violation of the National Code of Ethics for Interpreters in Health Care~~-set out in OAR 333-002-0100~~ or the National Standards of Practice for Interpreters in Health Care~~-set out in OAR 333-002-0110~~.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

## 333-002-0210

### Complaints

(1) Any affected party or witness may submit a complaint against an ~~H~~C~~Health Care Interpreter~~. Complaints must be submitted on the standard form provided by the ~~Department~~Authority, signed and dated by the person alleging the complaint. A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the

~~Authority~~Department.

(~~2~~) The ~~Authority~~Department may commence an investigation of an ~~H~~C~~Health Care Interpreter~~ as a result of information received from any party.

(~~3~~) Complaint forms received by the ~~Authority~~Department shall~~will~~ be made available to the accused ~~H~~C~~Health Care Interpreter~~ and others involved in the investigation of the allegations.

(~~4~~) ~~The Authority shall conduct a~~A preliminary review of the complaint ~~to ensure will be made by the Department to assure~~ there is sufficient cause to justify proceeding and that the allegations against the ~~r~~R~~espondent~~ are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care~~-set out in OAR 333-002-0100~~ or the National Standards of Practice for Interpreters in Health Care~~-set out in OAR 333-002-0110~~.

(~~5~~) If the complaint is ~~determined~~~~considered~~ to be valid, the ~~Authority~~Department shall~~must~~ notify the ~~r~~R~~espondent~~ of the allegations by mail and request written comments. ~~The respondent must submit w~~Written comments ~~to~~~~must be received by~~ the ~~Authority~~Department within two weeks after the notification was first mailed, unless an extension is authorized by the ~~Authority~~Department, ~~or~~ ~~T~~the ~~Authority~~Department shall~~will~~ evaluate the complaint using available evidence.

(~~6~~) Complaints and all evidence obtained, including any documents or information received from the ~~c~~C~~omplainant~~, ~~r~~R~~espondent~~, ~~w~~W~~itnesses~~, ~~Authority~~Department investigators or ~~Authority~~Department staff, shall~~will~~ be referred to the OMHS Health Care Interpreter Advisory Board for review and recommendations.

(~~7~~) During the review, the ~~r~~R~~espondent~~'s' identity shall~~will~~ remain confidential

(~~8~~) The ~~Authority~~Department may~~will~~ not consider oral arguments from the ~~c~~C~~omplainant~~ and/or ~~r~~R~~espondent~~ unless the ~~Authority~~Department determines that further information is required.

(98) If evidence is insufficient to show cause for action, the ~~c~~Complainant and ~~r~~Respondent ~~shall~~will be ~~so~~ notified in writing.

(109) If evidence is sufficient to show cause for action, the ~~Authority~~Department ~~shall~~will determine appropriate disciplinary action. ~~T~~he ~~r~~Respondent ~~shall~~will be ~~so~~ notified in writing and that determination ~~shall~~will become ~~part of the~~ public record.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### 333-002-0220

#### Discipline

The ~~Authority~~Department may refuse to issue or renew, or may suspend or revoke, or impose remedial education or corrective actions if an applicant, registry enrollee, ~~q~~Qualified or ~~c~~Certified ~~h~~Health ~~c~~Care ~~i~~Interpreter engages in any of the following conduct:

(1) Represents that ~~they~~he or she is a ~~q~~Qualified or ~~c~~Certified ~~h~~Health ~~c~~Care ~~i~~Interpreter without having been issued a valid letter of qualification or certificate by the ~~Authority~~Department under this division.

(2) Knowingly gives misinformation or ~~a~~ false information~~impression~~ to the ~~Authority~~Department.

(3) Violates the credentialing process by:

(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment;

(b) Having an impersonator take an evaluation or assessment on one's behalf; or

(c) Impersonating an applicant.

(4) Has had a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the ~~H~~C~~Health~~ ~~C~~Care ~~I~~Interpreter similar to acts described in this rule.

(5) Has been convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime, which demonstrably relates to the practice of health care interpreting.

(6) Has engaged in false, deceptive or misleading advertising of their licensing credentials, which includes but is not limited to; advertising health care interpreting using the titles of ~~q~~Qualified or ~~c~~Certified ~~h~~Health ~~c~~Care ~~i~~Interpreter in any private or public communication or publication by an individual person who is not credentialed by the ~~Authority~~Department. For the purposes of this rule, "advertise" includes telephone directory listings, business cards, social media networking, or any other source of advertisement.

(7) Allows the use of an ~~Authority~~Department issued credential by a non-credentialed person.

(8) Has presented as one's own credential, the credential of another.

(9) Has practiced health care interpreting services under a false or assumed name without notification to the ~~Authority~~Department.

(10) Has impersonated another ~~H~~C~~Health~~ ~~C~~Care ~~I~~Interpreter.

(11) Has used or attempted to use an ~~H~~C~~Health~~ ~~C~~Care ~~I~~Interpreter credential that has been revoked or suspended, lapsed or become inactive.

(12) Has practiced or offered to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.

(13) Fails to cooperate with the ~~Authority~~Department in any credentialing action or disciplinary proceeding. Such acts include but are not limited to:

(a) Failure to furnish requested papers or documents;

(b) Failure to furnish a written response to a matter contained in any complaint filed with the ~~Authority~~Department; or

(c) Failure to respond to requests for information issued by the ~~Authority~~Department whether or not the recipient is accused in the proceeding.

(14) Fails to comply with any request issued by the ~~Authority~~Department or an assurance of discontinuance entered into with the ~~Authority~~Department.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623

### **333-002-0230**

#### **Hearings**

~~Contested Case Hearings: An individual person~~ who wishes to contest the denial, non-renewal, suspension or revocation of their registry enrollment, qualification or certification may request a contested case hearing. The contested case hearing process is conducted in accordance with ORS 183.441 to 183.497 and the Attorney General's Uniform and Model Rules of Procedure for the Office of Administrative Hearings, OAR 137-003-0501 to 137-003-0700 will be afforded an opportunity for a hearing by the Department according to ORS Chapter 183.

Stat. Auth.: ORS 409.623

Stats. Implemented: ORS 409.621, 409.623