

## OREGON HEALTH AUTHORITY APPLICATION CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY

Do you need help filling out this form? Call 971-673-2307 or 711 (TTY) for help if you need:

- An interpreter (a free service);
- This form in a language other than English;
- This form in larger print, audio, braille or other format;
- Answers to your questions about this form

### INSTRUCTIONS:

Continuing education providers interested in having their cultural competence continuing education (CE) opportunity for licensed health professionals reviewed and approved by the Oregon Health Authority (OHA), to meet standards for excellence in cultural competence, must complete and submit this application to OHA (see [OAR 943-090-0000 through 943-090-0020](#)). Please refer to: <http://www.oregon.gov/oha/oei/Pages/Cultural-Competence-Continuing-Education-Approval-Committee.aspx>, for more background information about this law.

**Please make sure program information is relevant to Oregon's laws and administrative rules. For example, OARs related to: Health Care Interpreters (HCI), Traditional Health Workers (THWs) and others.**

- ❖ Continuing education providers must first determine if they will apply as a **CE program, or activity**. See below for definitions and requirements.
- ❖ **PLEASE NOTE: OHA is not a CE accreditation organization.** OHA-approved cultural competence CE opportunities may or may not meet health professional licensing board requirements. Any licensed health professional or individual will need to check with their respective board to make sure this CE will count towards his or her licensing requirements.

**Program applicant-** A new application is required once every two years.

A CE "program" is an existing or proposed CE program that has regular, ongoing, or continuously scheduled CE activities, for example, the CE department at a hospital that coordinates monthly grand rounds, or a physician association that provides regular CE sessions for its members. In order to obtain OHA approval, a CE program must demonstrate its capacity to address ALL the cultural competency domains and to use multiple educational methodologies. Once the overall CE program is approved by OHA, OHA will not need to approve specific CE activities, because it has confidence that the CE program will develop and provide a comprehensive approach to cultural competency throughout the course of the CE program.

**NOTE:** Updates are required for approved CE programs if there are significant staffing or organizational changes. Applicants must submit an **addendum** for approval. Examples include but are not limited to: elimination of a dedicated CE coordinator staff position and assignment to a health education staff who did not have prior CE responsibilities, or closing a medical residency program at a hospital where the CE program was housed.

Commented [WEL1]: Committee still needs to develop this. Check w/ KT.

**Activity applicant-** An application is required for each activity.

A CE "activity" is a one-time CE session, for example, a webinar, training, or conference where CE is being provided. Since the time available for a CE activity is by definition time-limited, it does NOT need to address ALL the cultural competency domains, nor use multiple educational methodologies. However, it must specify which domains and methodologies will be used. A time-limited series of content-related webinars or trainings (for example, a part one and part two webinar series on health care disparities) might still be considered a single CE "activity", and also would not have to address ALL the cultural competency domains or use multiple educational methodologies. OHA approval of the CE activity will only apply to the specific activities described in the application.

**NOTE:** Updates are required for approved CE activities, if there are changes in the trainer(s)/facilitator(s), content, or number of hours exceeding 2.

- ❖ The completed application and all supporting documents must be submitted to OHA electronically. The completed application must include Sections 1 through 5, with all necessary attachments. Every question in the application must be answered.
- ❖ Please complete your responses to this application with a font size of 12.
- ❖ There is a maximum 15-page limit for the application. This page limit does not include attachments.
- ❖ There is a maximum 20-page limit for attachments. List any curriculum, outline, and handouts you would like reviewed by using the "Attachment Cover Page" on page 18. Attachments can include instructors' guides, student handbooks, lists of textbooks, and other instructional materials used.
- ❖ **Reference links** can be included as supplemental information, but the committee will not review the content in your reference links. If you use reference links and want the committee to review a portion of what is in the link, you must include this information within the 20 pages of attachments.
- ❖ Email an electronic copy of the application and all supporting documents to: [CulturalCompCE@state.or.us](mailto:CulturalCompCE@state.or.us)

Commented [WEL2]: Make sure address is working.

## APPLICATION REVIEW PROCESS

### For newly developed CE opportunities:

- It is recommended that the completed application for newly developed CE opportunities be submitted at least 90 days in advance of the first expected CE activity, to assure timely approval.

### Applicant notification

- Applicants will be notified by email within 7 calendar days to acknowledge receipt of the application, and will be provided an application number.
- OHA will inform the applicant by email of final review results.
- OHA anticipates final results will be shared 6 weeks after receipt of an application. If revisions are required, estimated final approval will be approximately 10 weeks after receipt of the application.

**OHA reserves the right to audit any applicant during or after the review process.**

### Review committee recommendations

OHA's Cultural Competence Continuing Education Review Committee (CCCERC) will carefully evaluate whether the CE opportunity meets *OHA criteria for approval* listed below.

- ❖ **Program** applicants must address all 4 domains for OHA approval.  
(See specific requirements for each domain on page 4.)
- ❖ **Activity** applicants must specify which domains they are addressing.

CCCERC recommendations for approval will be based upon reviewer ratings and committee discussion.

OHA staff will consider the recommendations of the CCCERC, but retains the authority to make the final decision to approve or deny all applications.

CRITERIA FOR OHA CULTURAL COMPETENCE CONTINUING EDUCATION APPROVAL (4 DOMAINS)

Domain I	<p><b>Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values.</b> (Program applicants must meet all 3 criteria).</p> <ul style="list-style-type: none"> <li>✓ Training opportunity teaches about cultural factors that may influence provider and patient’s behaviors</li> <li>✓ Training opportunity helps to foster a non-judgmental and respectful environment during health encounters between provider and patient</li> <li>✓ Training opportunity teaches relationship between cultural competence and ethics</li> </ul>
	<p><b>Culturally competent practice requires the acquisition of knowledge by providers.</b> (Program applicants must meet at least 3 of 5 criteria).</p> <ul style="list-style-type: none"> <li>✓ Training opportunity demonstrates understanding of cultural competence as a developmental, life long, participatory process, not an endpoint</li> <li>✓ Training opportunity provides a broad and inclusive definition of diversity, even if it focuses on a specific population</li> <li>✓ Training opportunity demonstrates knowledge of legal, regulatory (i.e. patient rights &amp; responsibilities, risks to practice-civil rights act, ADA, CLAS, Joint Commission requirements, etc.) and accreditation issues of diversity and linguistic issues and providers’ professional standards regarding cultural competence</li> <li>✓ Training opportunity demonstrates knowledge of health disparities and social determinants of health</li> <li>✓ Training opportunity demonstrates knowledge of culturally-based information and related resources specific to Oregon</li> </ul>
	<p><b>Culturally competent practice requires the acquisition of skills by providers.</b> (Program applicants must meet at least 3 of 4 criteria).</p> <ul style="list-style-type: none"> <li>✓ Training opportunity demonstrates how to collaborate with patients and/or stakeholders in making health care decisions.</li> <li>✓ Training opportunity demonstrates how to develop and/or utilize communication tools/multiple patient education formats (including translated, audio and visual materials) and patient assessment strategies (e.g. patient- and family-centered communication, patient’s perception of his/her health, patient preferences, etc.)</li> <li>✓ Training opportunity demonstrates how to collect and utilize data to inform clinical practice related to health equity, (including recognition of institutional cultural issues)</li> <li>✓ Training opportunity demonstrates how to collaborate effectively with community resources, stakeholders, traditional health workers (THWs), qualified/certified health care interpreters (HCIs), providers, and other types of healers</li> </ul>
Domain IV	<p><b>Culturally competent training requires specific educational approaches for acquisition of knowledge and skills</b> (Program applicants must meet all 3 criteria).</p> <ul style="list-style-type: none"> <li>✓ Training opportunity is delivered through facilitated learning processes (e.g. interactive training involving case review; homework; discussion group/blog; interactive test with trainer/facilitator; post-training to demonstrate what was learned; etc.)</li> <li>✓ Training opportunity uses a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (self-directed, goal oriented activities based on participant experiences in order to gain new forms of knowledge, skills, attitudes, or values)</li> <li>✓ Training opportunity is evaluated to assess impact on participants and efficacy of trainers, with clear description of criteria for participant completion</li> </ul>

## CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

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### Types of possible OHA actions

There are 5 types of possible actions after initial review of application.

1. Additional information requested
  - If the application is incomplete, OHA will send e-mail written notice requesting additional information and specifying the date on which the additional information must be submitted.
2. OHA may request revisions to CE opportunity, in order to be approved.
3. OHA may request to schedule a conversation or meeting with the provider of the CE activity/program, either prior to or after approval of the application.
4. Approval for single CE activity or for a CE program (program applicant approval is valid for 2 years)
  - If OHA determines that the CE opportunity meets its criteria, OHA will send an e-mail written notice of approval.
    - **Proof of approval:** During the approved period, the written notice of OHA approval must be made available to any participant or partnering organization that requests a copy.
    - **Certificate of completion for participants:** The CE provider (organization/individual) agrees to issue a certificate of completion to all participants that successfully complete the CE opportunity. The certificate should include the following, ***“Approved by Oregon Health Authority-Office of Equity and Inclusion for cultural competence continuing education”, the title, number of hours, date, lead trainer signature, and if applicable, the sponsoring organization/training provider.***
  - **Report Significant Changes:** The CE provider is responsible for reporting any significant changes (i.e. presenter, presenter qualifications, content, or number of hours exceeding 2) to OHA, and will need to submit an addendum for approval, as described on page 1 of this application.
5. Denial

If OHA determines that its cultural competence continuing education criteria are not met, or are no longer being met, OHA may deny, suspend, or revoke its continuing education approval. OHA will include reasons for the denial.

### Questions about OHA cultural competence continuing education opportunity approval process?

Contact Office of Equity and Inclusion staff, Emily Wang at: [Emily.L.Wang@state.or.us](mailto:Emily.L.Wang@state.or.us), or (971) 673-2307.



Office of Equity and Inclusion

CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

APPLICATION SUMMARY

Please check that all the sections of this application are completed and attached. The completed application must include Sections 1 through 5, with all necessary attachments. There is a maximum 15-page limit for the application. This does not include attachments. There is a maximum 20-page limit for attachments. (Refer back to "Instructions" section on page 1 for more details.)

- Checkboxes for APPLICATION SUMMARY, SECTION 1: GENERAL INFORMATION, SECTION 2: IDENTIFY THE EDUCATIONAL OPPORTUNITY FOR HEALTH PROFESSIONS PARTICIPANTS, SECTION 3: CONTINUING EDUCATION PROVIDER/TRAINER DETAILS, SECTION 4: CONTINUING EDUCATION OPPORTUNITY, SECTION 5: SIGNATURES

SECTION 1. GENERAL INFORMATION

Please select the type of CE opportunity you are applying for:

- Radio buttons for CE Program, CE Activity, Both, Don't Know

Commented [WEL3]: Suggestion to add these choices. What do you think?

ORGANIZATION CONTACT INFORMATION

Form with fields for Name of Organization, Official Name of Continuing Education Provider or Program, Address, City, State, Zip Code, Mailing Address, Primary Contact Email, Primary Contact Phone Number, Primary Contact Fax Number, Website, Contact Information.

CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

**SECTION 2. IDENTIFY THE EDUCATIONAL OPPORTUNITY FOR HEALTH PROFESSIONS PARTICIPANTS**

Identify the knowledge and skills that will be addressed by this continuing education opportunity below.  
Please check the content areas your opportunity will address.

**DOMAIN 1: PARTICIPANT SELF-AWARENESS & SELF-ASSESSMENT OF BELIEFS, ATTITUDES, EMOTIONS & VALUES**

What are you teaching about attitudes? (Program applicants must meet all 3 content areas).

Content	Please briefly describe the content.
<input type="checkbox"/> Teaches about cultural factors that may influence provider and patient's behaviors	
<input type="checkbox"/> Helps to foster a non-judgmental and respectful environment during health encounters between provider and patient.	
<input type="checkbox"/> Teaches relationship between cultural competence and ethics	
<input type="checkbox"/> Other-please specify: _____ _____ _____ _____	
<input type="checkbox"/> If you don't address any of topics listed above, why not? _____ _____ _____ _____ _____	



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CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

**DOMAIN 2: PARTICIPANT KNOWLEDGE**

**What knowledge are you teaching?** (Program applicants must meet at least 3 of 5 content areas).

Content	Please briefly describe the content.
<input type="checkbox"/> Demonstrates understanding of cultural competence as a developmental, life long, participatory process, not an endpoint	
<input type="checkbox"/> Provides a broad and inclusive definition of diversity, even if it focuses on a specific population	
<input type="checkbox"/> Demonstrates knowledge of legal, regulatory (i.e. patient rights & responsibilities, risks to practice-civil rights act, ADA, CLAS, Joint Commission requirements, etc.) and accreditation issues of diversity and linguistic issues and providers' professional standards regarding cultural competence	
<input type="checkbox"/> Demonstrates knowledge of health disparities and social determinants of health	
<input type="checkbox"/> Demonstrates knowledge of culturally-based information and related resources specific to Oregon	
<input type="checkbox"/> Other-please specify: _____ _____ _____	
<input type="checkbox"/> If you don't address any topics listed above, why not? _____ _____ _____	



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CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

**DOMAIN 3: PARTICIPANT SKILLS**

**What skills are you teaching?** (Program applicants must meet at least 3 of 4 content areas).

Content	Please briefly describe the content.
<input type="checkbox"/> Demonstrates how to collaborate with patients and/or stakeholders in making health care decisions.	
<input type="checkbox"/> Demonstrates how to develop and/or utilize communication tools/multiple patient education formats (including translated, audio and visual materials) and patient assessment strategies (e.g. patient- and family-centered communication, patient's perception of his/her health, patient preferences, etc.)	
<input type="checkbox"/> Demonstrates how to collect and utilize data to inform clinical practice related to health equity, (including recognition of institutional cultural issues)	
<input type="checkbox"/> Demonstrates how to collaborate effectively with community resources, stakeholders, traditional health workers (THWs), qualified/certified health care interpreters (HCIs), providers, and other types of healers	
<input type="checkbox"/> Other-please specify: _____ _____ _____ _____	
<input type="checkbox"/> If you don't address any of topics listed above, why not? _____ _____ _____ _____	



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CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

DOMAIN 4: EDUCATION APPROACHES FOR ACQUISITION OF KNOWLEDGE & SKILLS

What education approaches are you using? (Program applicants must meet all 3 content areas).

Content	Please briefly describe the content.
<input type="checkbox"/> Delivered through facilitated learning processes (e.g. interactive training involving case review; homework; discussion group/blog; interactive test with trainer/facilitator; post-training to demonstrate what was learned; etc.)	
<input type="checkbox"/> Uses a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (self-directed, goal oriented activities based on participant experiences in order to gain new forms of knowledge, skills, attitudes, or values)	
<input type="checkbox"/> Evaluated to assess impact on participants and efficacy of trainers, with clear description of criteria for participant completion	
<input type="checkbox"/> Other-please specify: _____ _____ _____	
<input type="checkbox"/> If you don't address any of topics listed above, why not? _____ _____ _____ _____	

**SECTION 3. CONTINUING EDUCATION PROVIDER/TRAINER DETAILS**

**ORGANIZATION OVERVIEW**

Describe your organization's understanding of the history, purpose and value of a culturally competent health and health care workforce. Please include your definitions of "culture" and "competence", and explain how providing cultural competence training fits with your organization's mission and teaching philosophy.

**TRAINER/FACILITATOR QUALIFICATIONS**

1. What are the required **trainer/facilitator qualifications** for this program? (Including: non-academic- e.g. number of years in a community of interest).

**Commented [WEL4]:** How do on-line training programs answer this? How should question be revised?

**CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION**

2. Please provide the information requested below for each **trainer/facilitator**. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training, when applicable. Add/delete rows as necessary.

**Commented [WEL5]:** How do online trainings answer this? Is it ok for them to use their founders'/content developers' information?

Name			
Position Title			
Education/Work Experience Institution(s) and Location(s)	Degree (if applicable)	Dates (MM/YYYY-MM/YYYY)	Relevance to Cultural Competence

Name			
Position Title			
Education/Work Experience Institution(s) and Location(s)	Degree (if applicable)	Dates (MM/YYYY-MM/YYYY)	Relevance to Cultural Competence

Name			
Position Title			
Education/Work Experience Institution(s) and Location(s)	Degree (if applicable)	Dates (MM/YYYY-MM/YYYY)	Relevance to Cultural Competence



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CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

Teaching Strategy/Methods(s)

3. Check all the methodologies that the trainer(s)/facilitator(s) will use:

- checkbox In-person
checkbox On-line/electronic--passive (e.g. pre-recorded video or live streaming of presenter)
checkbox On-line/electronic--interactive (e.g. platform where participants can electronically interact with each other and the instructor, etc.);
checkbox Lecture/large group instruction
checkbox Small group discussion
checkbox Adult learning principles (self-directed, goal oriented activities based on participant experiences, in order to gain new forms of knowledge, skills, attitudes, or values)
checkbox Popular education concepts
checkbox Experiential learning (includes cultural/linguistic immersion)
checkbox Service learning
checkbox Specially-designed cultural experiences
checkbox Other-Please specify:

Commented [WEL6]: Is this language still ok, after committee on-line training discussion?

Active Learning

4. How will the trainer(s)/facilitator(s) promote active learning? How is your training interactive?

Commented [WEL7]: Added to be inclusive of on-line training programs. Other language suggestions?

Accessibility

5. What strategies will your trainer(s)/facilitator(s) take to make training inclusive and accessible to individuals with different learning styles, educational backgrounds, and student needs including, but not limited to disabilities (e.g. deaf clients or hard of hearing clients) and limited English proficiency?

Commented [WEL8]: Same as above.

Cultural Factors

6. How will the trainer(s)/facilitator(s) teach cultural factors? How will you operationalize your definitions of culture and competence through your training?

Commented [WEL9]: Same as above.



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CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

Participant Feedback

- 7. Check the best description(s) of how participants will be provided with feedback:
  - Questions and answers during learning process
  - Self-assessment questions (e.g. when a survey/self-assessment tool is completed at beginning of activity, and then reviewed by participant at end of activity to compare pre-/post- learning)
  - Return results of testing
  - Demonstration of skills learned
  - Group reflection/evaluation
  - Self-reflection, journaling, writing
  - Debriefing
  - Follow-up communication
  - Other-please describe: \_\_\_\_\_

If needed, please use this space to provide additional information regarding how participants will be provided feedback:

Participant Experience of Training-Evaluation Method(s)

- 8. Please describe your criteria for participant completion.
  
- 9. Time is needed for skill acquisition. How will you measure when the skill(s) has/have been accomplished by the participant? How are you going to follow-up later to evaluate skills?
  - A) What is the immediate follow-up plan?
  
  - B) What is the long-term follow-up plan?



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CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

**SECTION 4: Continuing Education Opportunity**

TITLE OF OPPORTUNITY: \_\_\_\_\_

SUBJECT/INTEREST AREA OF OPPORTUNITY (e.g. general, health care interpreting, etc.): \_\_\_\_\_

NUMBER OF CE UNITS: \_\_\_\_\_

NUMBER OF CONTACT HOURS: \_\_\_\_\_

\*Contact hours are actual time in a CE activity. The hours do not include mealtime or breaks longer than 15 minutes or more than two 15 minutes breaks in a daylong activity.

NUMBER OF EXPERIENTIAL LEARNING HOURS: \_\_\_\_\_

\*\*Experiential learning opportunities include activities inside or outside of a classroom setting through which skills, knowledge, and experience are acquired outside of the traditional academic classroom setting, and may include: internships, field trips, field research, service-learning projects, cultural or linguistic immersion, and specially-designed cultural experiences.

COST FOR PARTICIPANTS? (Yes/No): \_\_\_\_\_

OBJECTIVES (Each objective must have one measureable action verb and should specify what the participant will know or do once the objective has been completed). **Please provide 2-4 objectives.**

<b>Measurable Objectives</b> Finish this sentence for each objective: "Upon completion of this CE opportunity, participants should be able..." <i>SAMPLE: Upon completion of this CE opportunity, participants should be able to describe tribal sovereignty and what it means for Indian health delivery systems on reservations and in urban settings in Oregon.</i>
Objective 1:
Objective 2:
Objective 3:
Objective 4:

**Commented [WEL10]:** How do program applicants answer this for numerous courses? For example, a program of 20+ courses with most providing CE credits-up to 14 CMEs/CEUs, 5 CCMs, and 1 ACPE. How can we modify language, so it's clearer?



CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

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**SECTION 5: Signature**

Please read all of the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- ❖ I understand that if continuing education opportunity requirements are not met or are no longer being met, OHA may deny, suspend, or revoke the continuing education approval.
- ❖ I understand that OHA may conduct site visits of continuing education opportunities, either prior to approving a program or activity, or at any time during the review/approval period.
- ❖ I understand that CE providers/organizations must apply for approval for each separate CE **activity**, and every two years for CE **programs**, and that the application must be submitted at least 90 days prior to the date of approval expiration.
- ❖ I attest that this activity/program does not discriminate in relation to: race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age, or disability.
- ❖ I will advise OHA of any changes to the organization contact information, or organizational changes that require submitting an update for approval by OHA, within 30 days of such changes.
- ❖ I understand that during the continuing education approval period, the written notice of OHA approval must be made available to any participant or partnering organization that requests a copy.
- ❖ I agree to issue a certificate of completion to participants following successful completion of continuing education opportunities.
- ❖ I agree to abide by the rules regarding cultural competence continuing education for regulated health care professionals. [OAR 943-090-0000 through 943-090-0020](#).

I attest that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand that providing false, incomplete or misleading information may result in the denial of the application, or revocation of the continuing education approval.

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TRAINING PROVIDER/ DIRECTOR SIGNATURE

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DATE

Commented [WEL11]: For on-line training programs, who signs?



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CULTURAL COMPETENCE CONTINUING EDUCATION OPPORTUNITY APPLICATION

ATTACHMENT COVER PAGE

Please number and list ALL attachments that are included with your application, in the order that they are referenced in the application. When sending electronic copies of the attachments, make sure the number and name of the file corresponds to what is listed below. All documents should be in PDF format and sized for printing on 8.5 x11paper.

NAME OF ATTACHMENT	PAGE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**Oregon Health Authority’s Nondiscrimination Policy**

The Oregon Health Authority (OHA) does not discriminate in any of its programs in relation to: race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age, or disability.

Do you think OHA has discriminated against you? To report your concern or get more information on OHA’s policy:

- Call: 1-844-882-7889, 711 TTY;
- Email: OHA.PublicCivilRights@state.or.us; or
- Visit: www.oregon.gov/OHA/OEI

OHA’s nondiscrimination policy complies with the laws that apply to it. These laws include Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (as amended), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute Chapter 659A.