

2024 OHA Application to Approve Cultural Competence Continuing Education Training

Oregon Health Authority Application to Approve Cultural Competence Continuing Education Training

INSTRUCTIONS:

Trainers and curriculum developers interested in having their cultural competence continuing education (CCCE) training for health care professionals reviewed and approved by Oregon Health Authority (OHA) to meet **criteria** for high quality cultural competency education must complete and submit this application to OHA, per Oregon Revised Statutes ([ORS](#)) [413.450](#), Oregon Administrative Rules ([OAR](#)) [950-090-0000 through 950-090-0020](#), and [HB 2011 \(2019\)](#).

PLEASE NOTE: **OHA is not a CE accreditation organization.** OHA-approved cultural competence CE training may or may not meet health professional licensing board requirements. Any licensed health professional or individual needs to check with their board to make sure the CE will count towards their licensing requirements.

For more information about Oregon's Cultural Competence Continuing Education program, please refer to the OHA Office of Equity and Inclusion website: <https://www.oregon.gov/oha/EI/Pages/CCCE.aspx>

To preview the application before you begin, click on this link:

[//surveygizmolibrary.s3.amazonaws.com/library/196578/survey_8057615.pdf](https://surveygizmolibrary.s3.amazonaws.com/library/196578/survey_8057615.pdf)

Please be advised that the application may take at least 45 minutes or more to complete. If you are not able to complete the application in one setting, you can save the work you have done and return to it at a later time.

TIP: Reference the gray bar on the bottom of the page and click on **Save and continue later'** on the right hand side. When prompted, enter your email address.

An unique link will be emailed to you where you can re-access your response.

GENERAL APPLICATION REQUIREMENTS

- Continuing education trainers and developers must determine if they will apply as a CE provider, CE community based organization, CE small business, or CE activity applicant type. (See OHA DEFINITIONS below).
- CE provider, CE community based organization, and CE small business applicants must address all 4 domains and criteria/content areas for OHA approval.
- CE activity applicants must specify which domains and criteria/content areas will be addressed, with a minimum of 2 criteria per domain for OHA approval.
- 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), which include: community health workers, birth doulas, peer support specialists, peer wellness specialists, personal health navigators; and others. (See ADDITIONAL RESOURCES below).
- Please confirm any necessary permissions when training utilizes videos, books, etc.
- The completed application and all supporting documents must be submitted to OHA electronically through

the survey link.

- The completed application must include Sections 1 through 6, with all necessary attachments. Every question in the application must be answered.
- For attachments, there is a maximum 20-page limit. Applications exceeding 20 pages of attachments will NOT be reviewed. List any curriculum, outline, and handouts you would like reviewed by using the "Attachment Cover Page" on page 10. Attachments can include instructors' guides, student handbooks, lists of textbooks, evaluation form, and other instructional materials used.
- Reference links can be included as supplemental information, but the committee will not automatically 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.

OHA DEFINITIONS

CE provider applicant

A "CE provider" is an institution or organization that presents CE activities on an ongoing basis (e.g. hospital, physician/nurse/etc. association, health plan, academic medical center, academic institution), **AND** has been already independently accredited by one or more profession-specific CE-accreditation bodies (e.g. accredited to provide CME and/or CNE) CE provider applicants must address all domains and criteria/content areas for OHA approval. Two-year approval period. A new application is required once every two years. An application is required for each module.

CE community-based organization applicant

A "CE community-based organization" is a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community and provides educational or related services to individuals in the community, which can include: service learning, experiential learning (e.g. cultural or linguistic immersion) and specifically designed cultural experiences for health care professionals.) CE community-based organization applicants must address all domains and criteria/content areas for OHA approval. Two-year approval period. A new application is required once every two years. An application is required for each module.

CE small business applicant

A "CE small business" is a business that provides professional training services related to cultural competency, designed for health care professionals. Businesses include but are not limited to: minority-owned business enterprise, woman-owned business enterprise, service-disabled veteran-owned businesses, and/or an emerging small business. Businesses that are COBID certified (from the State of Oregon's Certification Office for Business Inclusion and Diversity) are strongly encouraged to apply. CE small business applicants must address all domains and criteria/content areas for OHA approval. Two-year approval period. A new application is required once every two years. An application is required for each module.

CE activity applicant

A "CE activity" is a one-time CE session, for example, a webinar or conference where CE is being provided. A time-limited series of content-related webinars or workshops (for example, a part one and part two webinar series on health care disparities) might still be considered a single CE activity. Since the time available for a CE activity is by definition time-limited, it does NOT need to address ALL the cultural competency domains and criteria, nor use multiple educational methodologies. CE activity applicants must specify which domains and criteria/content areas will be addressed for OHA approval. A minimum of 2 criteria per domain must be addressed. Up to one year approval period (with exception of one-

time sessions). An application is required for each activity. OHA approval of the CE activity will only apply to the specific activity described in the application.

CRITERIA FOR OHA CULTURAL COMPETENCE CONTINUING EDUCATION TRAINING APPROVAL

Domain I	Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values.
1.1 Training opportunity teaches about cultural factors that may influence provider and patient's behaviors	
1.2 Training opportunity helps to foster a non-judgmental and respectful environment during health encounters between provider and patient	
1.3 Training opportunity teaches relationship between cultural competence and ethics	
1.4 Training opportunity explores concepts of power, privilege and oppression across personal identities and the intersections among these identities (e.g. racial, ethnic, culturally-based, LGBTQ, people with disabilities, limited English proficient, etc.)	
Domain II	Culturally competent practice requires the acquisition of knowledge by providers.
2.1 Training opportunity demonstrates understanding of cultural competence as a developmental, life long, participatory process, not an endpoint	
2.2 Training opportunity provides a broad and inclusive definition of diversity, even if it focuses on a specific population	

2.3 Training opportunity demonstrates knowledge of legal, regulatory and accreditation issues of diversity and linguistic issues and providers' professional standards regarding cultural competence (i.e. patient rights & responsibilities, risks to practice- Civil Rights Act, Americans with Disabilities Act (ADA), national standards for Culturally and Linguistically Appropriate Services (CLAS), The Joint Commission requirements, etc.)	
2.4 Training opportunity demonstrates knowledge of health disparities and social determinants of health	
2.5 Training opportunity demonstrates knowledge of culturally-based information and related resources specific to Oregon	
Domain III	Culturally competent practice requires the acquisition of skills by providers.
3.1 Training opportunity demonstrates how to collaborate with patients and/or stakeholders in making health care decisions.	
3.2 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.)	
3.3 Training opportunity demonstrates how to collect and utilize data to inform clinical practice related to health equity, (including recognition of institutional cultural issues)	
3.4 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	
Domain IV	Culturally competent training requires specific educational approaches for acquisition of knowledge and skills
4.1 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.)	

4.2 Training opportunity uses a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (e.g. self-directed, goal oriented activities based on participant experiences in order to gain new forms of knowledge, skills, attitudes, or values)
4.3 Training opportunity is evaluated to assess impact on participants and efficacy of trainers, with clear description of criteria for participant completion
4.4 Training opportunity incorporates the principles of privilege, power, oppression, bias, and the guiding principles of cultural competency.

ADDITIONAL RESOURCES

National Standards for Culturally and Linguistically Appropriate Services (CLAS)
<https://www.thinkculturalhealth.hhs.gov/clas>

The Joint Commission-Advancing Health Care Equity, Together
<https://www.jointcommission.org/our-priorities/health-care-equity/>

Oregon's Cultural Competence Continuing Education Program
<https://www.oregon.gov/oha/EI/Pages/CCCE.aspx>

Oregon's Cultural Competence Continuing Education Law
ORS 413.450, [OAR 950-090-0000 through 950-090-0020](#) (includes Oregon's "cultural competency" definition) and HB 2011 (2019)

Oregon's Traditional Health Workers Legislation and Rules
<https://www.oregon.gov/oha/EI/Pages/THW-Leg-and-Rules.aspx>

Oregon's Health Care Interpreter Laws and Policies
<https://www.oregon.gov/oha/EI/Pages/HCI-Resources-Events-Policy-Laws.aspx>

**Oregon Health Authority- Equity & Inclusion Division-Civil Rights Unit
Language and Disability Access**
<https://www.oregon.gov/oha/EI/Pages/Language-Disability-Access.aspx>

Frequently Asked Questions- Affordable Care Act (ACA) Section 1557
<https://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faqs/index.html>

APPLICATION REVIEW PROCESS

Applicant notification

- Applicants will be notified by email within 7 calendar days to acknowledge receipt of the application

- OHA will inform the applicant by email of final review results.
- OHA anticipates final results will be shared 10 weeks after receipt of application. If revisions are required, estimated final approval will take longer and will be dependent upon several factors including how soon applicant can incorporate revisions and resubmit to OHA.

Advisory Committee recommendations

OHA's Cultural Competence Continuing Education Advisory Committee (CCCEAC) will carefully evaluate whether the CE opportunity meets current OHA criteria for approval and other requirements included within this application. CCCEAC recommendations for approval will be based upon committee members' evaluations and group discussion. OHA-OEI leadership will consider CCCEAC's recommendations, but retains the authority to make the final decision to approve or deny all applications.

Types of possible OHA actions

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

1. Additional information requested.
2. OHA may request to schedule a meeting with the applicant/CE training provider, either prior to or after application approval decision.
3. Approved
4. Conditionally Approved. OHA may request revisions to CE training, in order to be approved.
5. Not Approved/Denial. If OHA determines its cultural competence continuing education criteria are not met, or are no longer being met, OHA may deny, suspend, rescind, or revoke its continuing education approval. OHA will include reasons for denial.

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

TRAINING UPDATE REQUIREMENTS

Updates are required for OHA-approved training if:

- There are significant staffing or organizational changes. 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.
- There are changes in the trainer(s)/facilitator(s), content, or number of hours exceeding **two**.
- The training is no longer being offered, so the registry can be updated on the OHA website.

Applicants must **report changes within 30 days** of such change by contacting OHA staff and submitting an **addendum** for approval, as appropriate.

CCCE TRAINING APPLICATION SUMMARY

1. Please check that all sections of this application are completed. The completed application must include Sections 1 through 6, with all necessary attachments. **For attachments, there is a maximum 20-page limit.**

Applications with attachments which exceed this maximum page limitation will not be reviewed.

THIS APPLICATION IS ORGANIZED BY THE FOLLOWING SECTIONS:

- ☐ SECTION 1: GENERAL ORGANIZATION INFORMATION
- ☐ SECTION 2: GENERAL TRAINING INFORMATION
- ☐ SECTION 3: IDENTIFICATION OF EDUCATIONAL OPPORTUNITY
- ☐ SECTION 4: TEACHING STRATEGY, METHODS, AND FEEDBACK FOR PARTICIPANTS
- ☐ SECTION 5: CULTURAL COMPETENCE EXPERIENCE OF ORGANIZATION, TRAINER(S), AND/OR AUTHORS
- ☐ SECTION 6: SIGNATURES
- ☐ OPTIONAL: ATTACHMENT COVER PAGE
- ☐ OPTIONAL: UPLOAD ATTACHMENTS (MAXIMUM 20 PAGE LIMIT)

SECTION 1: GENERAL ORGANIZATION INFORMATION

2. ORGANIZATION CONTACT INFORMATION *

Name of Organization

Address

City

State

Zip Code

Mailing Address (if different from above)

City

State

Zip Code

Primary Contact Name

Primary Contact Email

Primary Contact Phone Number (XXX)XXX-XXXX

Primary Contact Fax Number (XXX)XXX-XXXX

Website (will be listed in public registry)

For website, if different from above, please include: Contact Name, Phone Number, and Email Address (will be listed in public registry)

3. ORGANIZATION TYPE *

☐ Corporate ☐ Non-profit ☐ Community based organization ☐ Small business

☐ Other - Please specify:

SECTION 2: GENERAL TRAINING INFORMATION

4. TITLE OF TRAINING: *

5. SUBJECT/INTEREST AREA OF TRAINING (e.g. general, health care interpreting, etc.): *

6. TOTAL NUMBER OF TRAINING HOURS *

7. HOW MANY OF THE TOTAL TRAINING HOURS ARE EXPERIENTIAL?

**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 specifically-designed cultural experiences. *

8. COST FOR PARTICIPANTS?

*

☐ YES

☐ NO

☐ OTHER - Please
specify:

9. Has this opportunity been approved for CE by a health professions CE accreditation organization or another regulatory entity?

If so, please name/list regulatory entity/entities

*

☐ Yes

☐ No

10. APPLICANT TYPE-Please refer to OHA definitions on page one of application and select one answer only.

☐ CE provider

☐

CE community based
organization

☐

CE small
business

☐

CE activity

☐

Other - Write In
(Required)

SECTION 3: IDENTIFICATION OF EDUCATIONAL OPPORTUNITY

11. OBJECTIVES

Each objective should specify what participants will know and be able to do by the end of the CE training opportunity, which can be measured. Consider using SMART objectives which are **s**pecific, **m**easurable, **a**chievable, **r**elevant and **t**ime-bound. Please provide 2-4 objectives.

Objectives to Achieve Measurable Outcomes

Finish this sentence for each objective:

"Upon completion of this CE training opportunity, participants should be able to..."

Example: Upon completion of this CE training 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.

Objective

Objective

Add Another
Objective

12. TARGET AUDIENCE/TYPE OF HEALTH CARE PROFESSIONAL

Identify the type(s) of health care professional(s) expected to participate in this continuing education opportunity.

Please check all health care professional types that apply.

*

- ☐ Chiropractor ☐ Counselor/Therapist ☐ Dental Hygienist ☐ Dentist
- ☐ Denture Technologist ☐ Dietitian ☐ Emergency Medical Service Provider
- ☐ Home Care Worker ☐ Lactation Consultant ☐ Long Term Care Administrator
- ☐ Massage Therapist ☐ Medical Imager ☐ Midwife ☐ Naturopathic Doctor ☐ Nurse
- ☐ Occupational Therapist ☐ Optometrist ☐ Pharmacist ☐ Physical Therapist
- ☐ Physician ☐ Psychologist ☐ Respiratory Therapist/Polysomnographic Technologist
- ☐ Social Worker ☐ Speech-Language Pathologist/Audiologist

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

What are you teaching about **self-awareness** of beliefs, attitudes, emotions & values?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 4 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

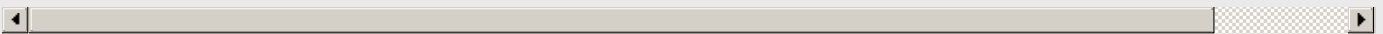
1.1 How does your training teach about cultural factors that may influence provider's and patient's behaviors?

1.2 How does your training help to foster a non-judgmental and respectful environment during health encounters?

between provider and patient?

1.3 How does your training teach about the relationship between cultural competence and ethics?

1.4 How does your training explore concepts of power, privilege and oppression across personal identities? Please include individuals who hold multiple social/cultural identities which intersect in unique ways for each individual (racial, ethnic, culturally-based, LGBTQ, people with disabilities, limited English proficient, etc.)?



14. DOMAIN 2: PARTICIPANT KNOWLEDGE

What **knowledge** are you teaching?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 5 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

2.1 How does your training demonstrate understanding of cultural competence as a developmental, life long, participatory process, and not an endpoint?

2.2 How does your training provide a broad and inclusive definition of diversity, even if it focuses on a specific population?

population:

2.3 How does your training demonstrate knowledge of legal, regulatory, and accreditation issues of diversity, lin and providers' professional standards regarding cultural competence (i.e. patient rights & responsibilities, risks i practice-Civil Rights Act, Americans with Disabilities Act (ADA), national standards for Culturally and Linguistica Appropriate Services (CLAS), The Joint Commission requirements, etc.)?

2.4 How does your training demonstrate knowledge of health disparities and social determinants of health?

2.5 How does your training demonstrate knowledge of culturally-based information and related resc specific to Oregon?

15. DOMAIN 3: PARTICIPANT SKILLS

What **skills** are you teaching?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 4 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

3.1 How does your training demonstrate how to collaborate with patients and/or stakeholders in making health care decisions?

3.2 How does your training demonstrate 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.)?

3.3 How does your training demonstrate how to collect and utilize data to inform clinical practice related to health equity, including recognition of institutional cultural issues?

3.4 How does your training demonstrate how to collaborate effectively with community resources, stakeholders, traditional health workers (THWs), qualified/certified health care interpreters (HCIs), providers, and other types of healers?

16. DOMAIN 4: EDUCATION APPROACHES FOR ACQUISITION OF KNOWLEDGE & SKILLS

What **education approaches** are you using?

NOTE: CE provider, CE community based organization, and CE small business applicants must address all 4 criteria/content areas within this domain. CE activity applicants must address a minimum of 2 criteria/content areas per specified domain.

4.1 What type of facilitated, active learning processes does your training utilize (e.g. interactive training involving review; homework; discussion group/blog; interactive test with trainer/facilitator; post-training to demonstrate what learned; etc.)?

4.2 How does your training utilize a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (e.g. self-directed, goal oriented activities based on participant experiences in order to develop new forms of knowledge, skills, attitudes, or values)?

4.3 How is your training evaluated to assess impact on participants and efficacy of trainers? Please describe your criteria for participant completion.

4.4 How does your training incorporate the roles of privilege, power, oppression, and bias in culturally competent care services?

SECTION 4: TEACHING STRATEGY, METHODS AND FEEDBACK FOR PARTICIPANTS

Teaching Strategy/Method(s)

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

☐ In-person

☐ On-line/internet-passive (e.g. pre-recorded video, live-streaming of presenter, webcast, etc.) Please specify type:

☐ On-line/internet-interactive (e.g. platform where participants can electronically interact with each other, the instructor, and/or cannot proceed to the next screen/topic without selecting the correct answer to a given question, etc.) Please specify type:

☐ Lecture/large group instruction

☐ Small group discussion

☐ Adult learning principles (self-directed, goal oriented activities based on participant experiences, in order to gain new forms of knowledge, skills, attitudes, or values)

☐ Popular education concepts

☐ Experiential learning (includes cultural/linguistic immersion)

☐ Service learning

☐ Specially-designed cultural experiences

☐ Other - Please specify:

Accessibility

18. What strategies will your trainer(s)/facilitator(s)/author(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? *

19. What language(s) is the training conducted in? *

Cultural Factors

20. How will the trainer(s)/facilitator(s)/author(s) address cultural factors, such as culturally-based social values and norms in their approach to cultural competency? *

21. Feedback for Participants

Please check the box(es) which best describe(s) 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:

22. Time is needed for skill acquisition. How are you going to follow-up later to evaluate skills of the participant? How will you measure when the skill(s) has/have been accomplished by the participant? *

Please describe the immediate follow-up plan? (Ex: 3 months after the training).

Please describe the long-term follow-up plan? (Ex: 1 year after the training).

*

SECTION 5: CULTURAL COMPETENCE EXPERIENCE OF ORGANIZATION, TRAINER(S) AND/OR AUTHOR(S)

ORGANIZATION OVERVIEW

23. Describe your organization's understanding of the history, purpose and value of a culturally competent health and health care workforce. *

24. What are your definitions of "culture" and "competence"? *

25. Explain how providing cultural competence training fits with your organization's mission and teaching philosophy. *

TRAINER/FACILITATOR/AUTHOR QUALIFICATIONS

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

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

Name

Position

Title

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Lived experience/Relevance to cultural competence
Row 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like to add another
trainer/facilitator/author?

☐ Yes

☐ No

Comments

28. Please provide the information requested below for each trainer/facilitator/author. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training.

Name

Position

Title

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Lived experience/Relevance to cultural competence
Row 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like to add another
trainer/facilitator/author?

☐ Yes

☐ No

Comments

29. Please provide the information requested below for each trainer/facilitator/author. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training.

Name

Position

Title

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Lived experience/Relevance to cultural competence
Row 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like to add another
trainer/facilitator/author?

☐ Yes

☐ No

Comments

30. Please provide the information requested below for each trainer/facilitator/author. If applicable, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training and residency training.

Name

Position

Title

Experience

	Education/Work experience Institution(s) and Location(s)	Degree (if applicable)	Lived experience/Relevance to cultural competence
Row 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Row 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

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 training requirements are not met or are no longer being met, OHA may deny, suspend, rescind, or revoke the continuing education approval.
- I understand that OHA may conduct site visits of continuing education training prior to approval or at any time during the review/approval period.
- I understand that trainers (organizations/individuals) must apply for approval for each separate training/module.
- I attest that this training 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 any 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 requires a copy.
- I agree to confirm any necessary permissions when training utilizes videos, books, etc.
- I agree to issue a certificate of completion to participants following successful completion of continuing education training.
- I agree to abide by the rules regarding cultural competence continuing education for regulated health care professionals. Oregon Revised Statutes ([ORS](#)) [413.450](#), Oregon Administrative Rules ([OAR](#)) [950-090-0000 through 950-090-0020](#), and [HB 2011 \(2019\)](#)

31. 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. *

Clear

Sign name using mouse or touch pad

Signature of

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.

32. 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 x11 paper.

	NAME OF ATTACHMENT	PAGE NUMBER
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>

33. UPLOAD ATTACHMENTS HERE

[Browse...](#)

Thank You!

Thank you for your interest in providing resources and support to help improve the cultural competence of Oregon's health care professional workforce.