

## Health Care Interpreter New Application

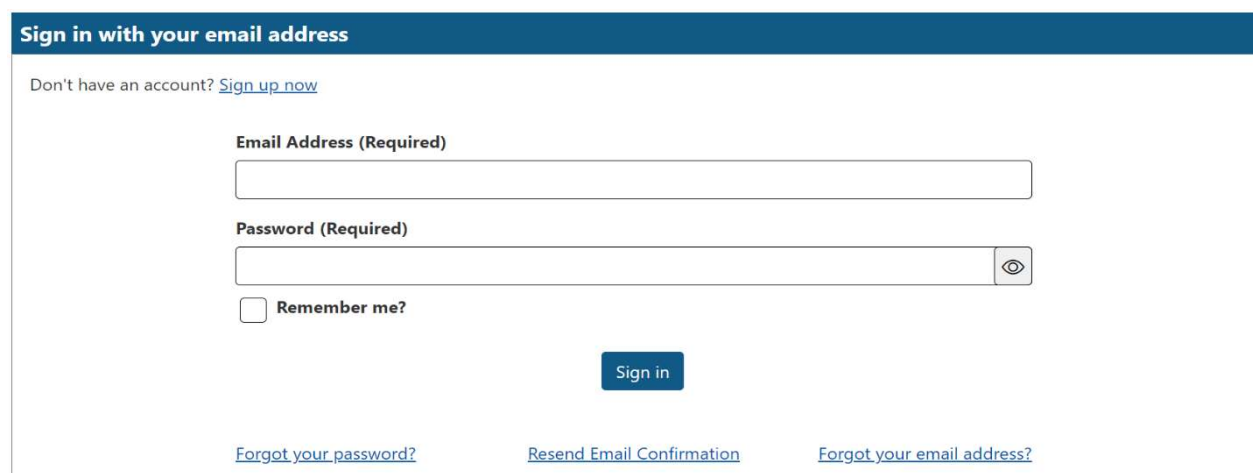
### The steps to process your Health Care Interpreter application through the Health Workforce Registry. Step-By-Step guide:

1. Go to this link <https://healthworkforceregistry.oregon.gov>.
2. Click “sign in” or “Sign Up.”



The screenshot shows the homepage of the Health Workforce Registry Applicant Portal. At the top, there is a blue header with the Oregon Health Authority logo and the text "Health Workforce Registry Applicant Portal". Below the header, the text "Step 1: https://healthworkforceregistry.oregon.gov /" is displayed. To the right of this text is a blue button labeled "Sign In or Sign Up" with an arrow pointing to it labeled "Step 2". Below this, there are two images: one showing a group of people in a meeting and another showing an older man and a woman looking at a laptop. Below the images is a section titled "Introduction" with text describing the portal's purpose and how to use it. At the bottom of the page, there are links for "Website Accessibility", "Terms & Conditions", "Supported Browsers", and "Help & Resources", along with a copyright notice for 2023 Oregon Health Authority.

3. If you have already created an account, enter the email address and password you used to set up the account.

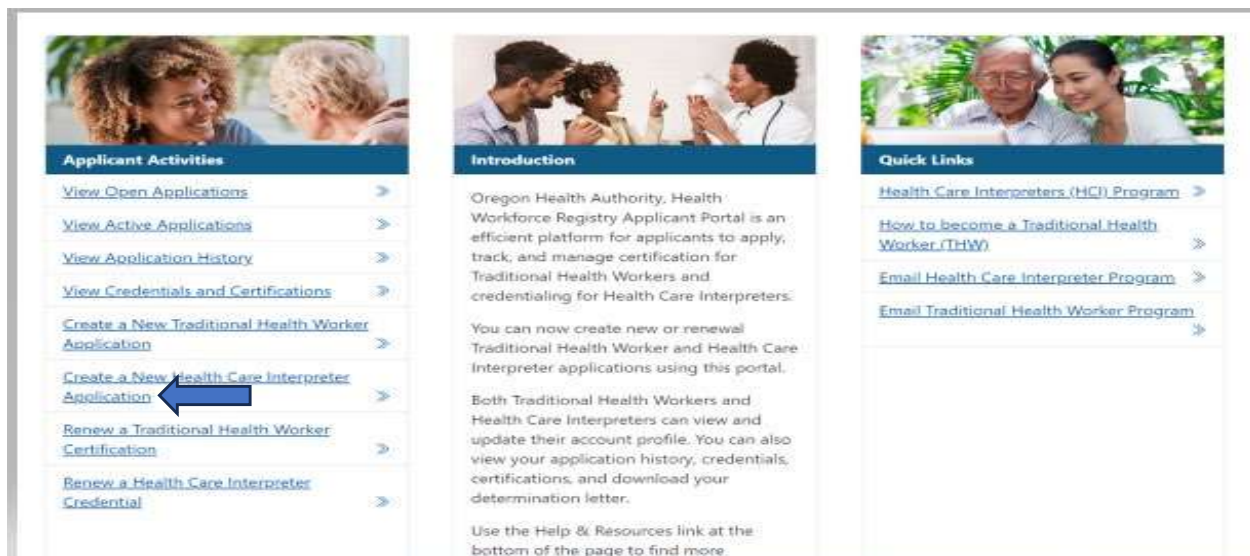


The screenshot shows the "Sign in with your email address" form. At the top, there is a blue header with the text "Sign in with your email address". Below the header, the text "Don't have an account? [Sign up now](#)" is displayed. The form contains two input fields: "Email Address (Required)" and "Password (Required)". Below the password field is a checkbox labeled "Remember me?". At the bottom of the form is a blue button labeled "Sign in". Below the button are three links: "Forgot your password?", "Resend Email Confirmation", and "Forgot your email address?".

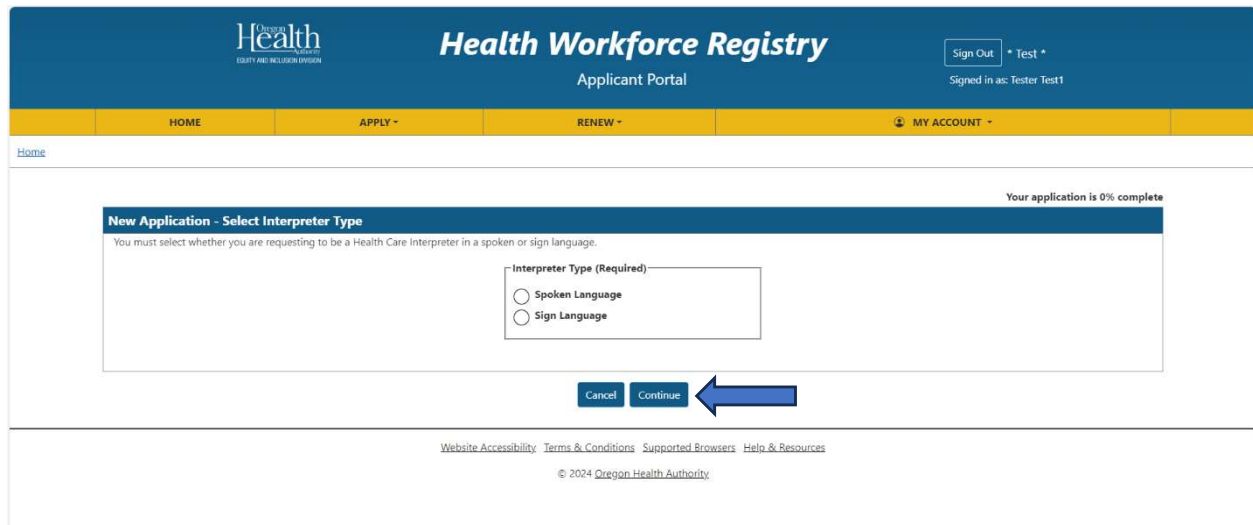
4. If you haven't set up an account yet on the **Health Workforce Registry portal**, here are the [steps on how to create](#) your account before you start processing your application.
5. Once you have an account and have sign-in, this is the page that will appear on your screen:



6. On the left side of the page, click **“Create a New Health Care Interpreter application”**:



- Select what type of HCI application in the preferred language you are requesting; click **“Continue.”**



**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME APPLY RENEW MY ACCOUNT

Home

Your application is 0% complete

**New Application - Select Interpreter Type**  
You must select whether you are requesting to be a Health Care Interpreter in a spoken or sign language.

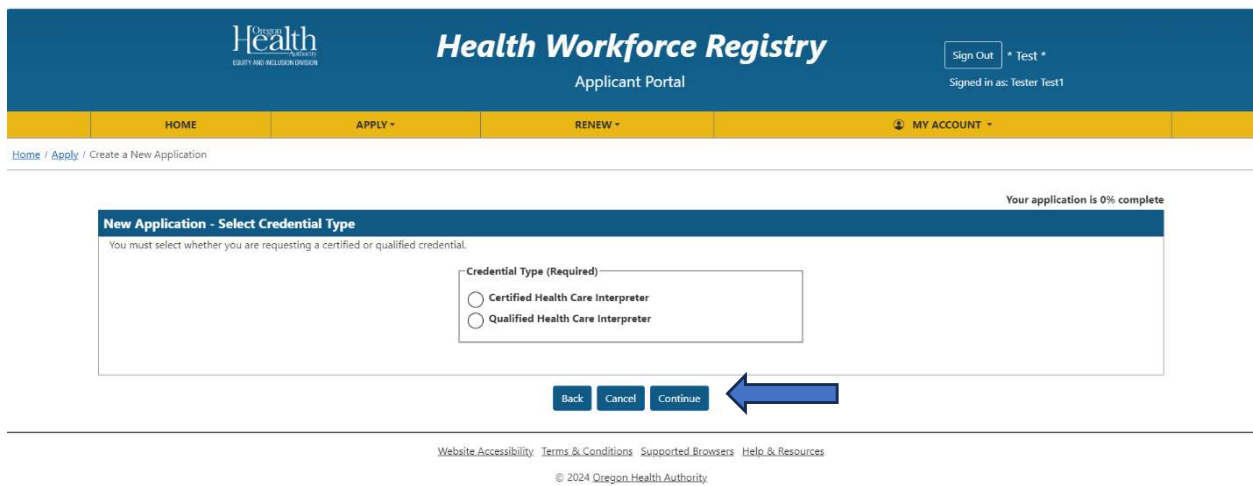
Interpreter Type (Required)

☐ Spoken Language  
☐ Sign Language

Cancel Continue

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- Select which credential you wish to apply for; **“Continue.”**



**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME APPLY RENEW MY ACCOUNT

Home / Apply / Create a New Application

Your application is 0% complete

**New Application - Select Credential Type**  
You must select whether you are requesting a certified or qualified credential.

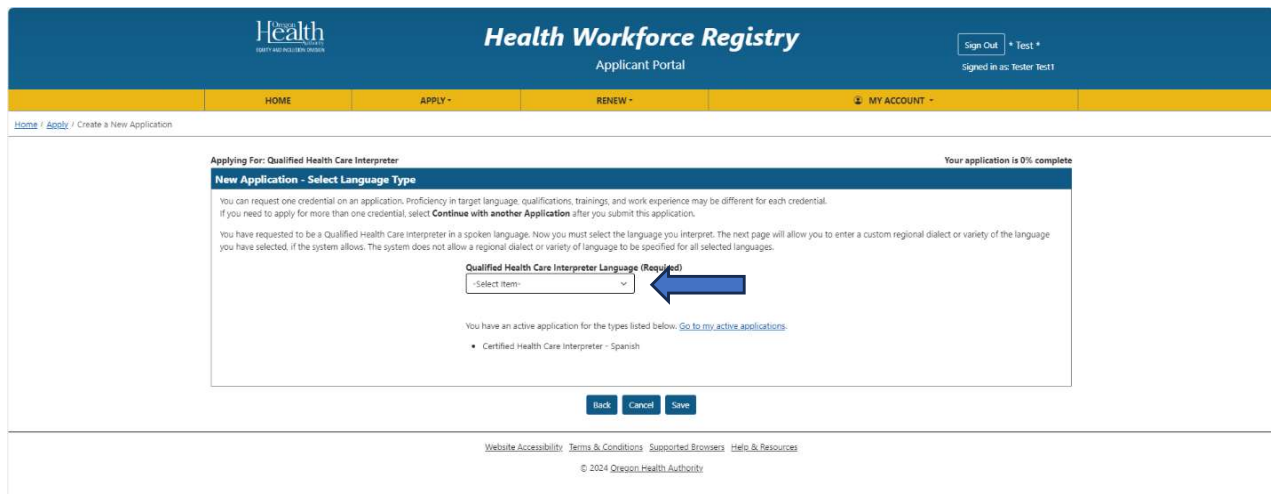
Credential Type (Required)

☐ Certified Health Care Interpreter  
☐ Qualified Health Care Interpreter

Back Cancel Continue

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- Click the **dropdown** and select which preferred language you are applying for. If the preferred language or dialect you are applying for is not in the dropdown list, select other from the dropdown list and type in the language or dialect:



**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME APPLY RENEW MY ACCOUNT

Home / Apply / Create a New Application

Applying For: Qualified Health Care Interpreter Your application is 0% complete

**New Application - Select Language Type**

You can request one credential on an application. Proficiency in target language, qualifications, trainings, and work experience may be different for each credential. If you need to apply for more than one credential, select **Continue with another Application** after you submit this application.

You have requested to be a Qualified Health Care interpreter in a spoken language. Now you must select the language you interpret. The next page will allow you to enter a custom regional dialect or variety of the language you have selected, if the system allows. The system does not allow a regional dialect or variety of language to be specified for all selected languages.

**Qualified Health Care Interpreter Language (Required)**  
Select item

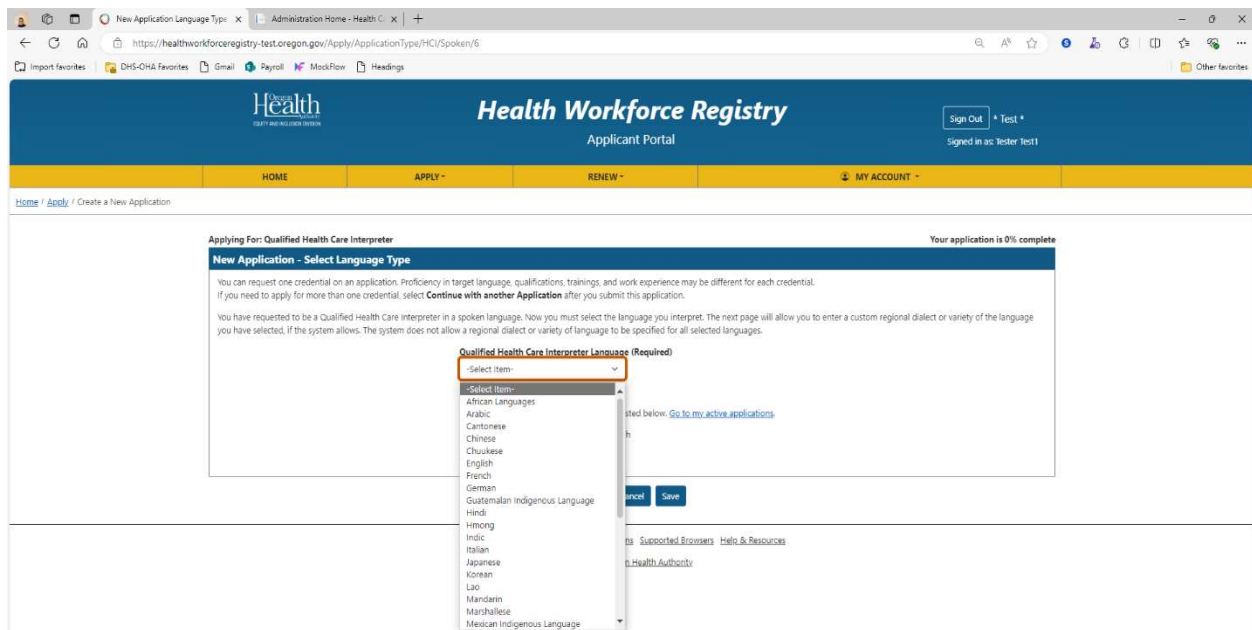
You have an active application for the types listed below. [Go to my active applications.](#)

- Certified Health Care Interpreter - Spanish

Back Cancel Save

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**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME APPLY RENEW MY ACCOUNT

Home / Apply / Create a New Application

Applying For: Qualified Health Care Interpreter Your application is 0% complete

**New Application - Select Language Type**

You can request one credential on an application. Proficiency in target language, qualifications, trainings, and work experience may be different for each credential. If you need to apply for more than one credential, select **Continue with another Application** after you submit this application.

You have requested to be a Qualified Health Care interpreter in a spoken language. Now you must select the language you interpret. The next page will allow you to enter a custom regional dialect or variety of the language you have selected, if the system allows. The system does not allow a regional dialect or variety of language to be specified for all selected languages.

**Qualified Health Care Interpreter Language (Required)**  
Select item

- African Languages
- Arabic
- Cantonese
- Chinese
- Chukese
- English
- French
- German
- Guatemalan Indigenous Language
- Hindi
- Hmong
- Indic
- Italian
- Japanese
- Korean
- Lao
- Mandarin
- Marshallese
- Mexican Indigenous Language


[Go to my active applications.](#)

Cancel Save

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10. Select Proficiency in the Target Language to upload proof of proficiency document. If the language or dialect does not have testing available, **select** “Alternate proof of target language proficiency” and upload proof of proficiency. **“Save and Continue.”**



**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME
APPLY -
RENEW -
MY ACCOUNT -

[Home](#) / [Apply](#) / Create a New Application

Applying For: Qualified Health Care Interpreter - Spanish (Spain)
Your application is 12% complete

**New Application - Select Proficiency in Target Language**  
Select the radio button next to the proficiency below that indicates how you gained your proficiency in the language you are requesting to be credentialed in.

Must select 1 of the 4 following target language proficiencies (Required)

- ☐ Degree from a higher education institution where instruction is primarily in Non-English language
- ☐ Graduation from high school where instruction is primarily in Non-English language
- ☒ Pass Proficiency test in Non-English language within the last 4 years
- ☐ Alternate proof of target language proficiency - including for relay or languages of lesser diffusion

If you have multiple pages for your Target Language Proficiency Verification, scan or photograph them all into one document. One document can be uploaded to verify the proficiency you selected.


Upload the Target Language Proficiency Verification (Required)  
Target Language Proficiency Verification  
Scan or Photograph of Documentation (Required)

Selected file: test.PNG
Change file

Cancel Save and Exit Save and Continue

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11. Select the English language proficiency and upload a document that verifies the proficiency; **“Save and Continue.”**



**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME
APPLY -
RENEW -
MY ACCOUNT -

[Home](#) / [Apply](#) / Create a New Application

Applying For: Qualified Health Care Interpreter - Spanish (Spain)
Your application is 25% complete

**New Application - Select Proficiency in English Language**  
Select the radio button next to the proficiency below that indicates how you gained your proficiency in the English language or indicate English is not required for the credential you are requesting.

Must select 1 of the 5 following English language proficiencies (Required)

- ☐ Degree from a higher education institution where instruction is primarily in English language
- ☐ Graduation from high school where instruction is primarily in English language
- ☒ Pass Proficiency test in English language within the last 4 years
- ☐ Alternate proof of English language proficiency - including for signed language or languages of lesser diffusion
- ☐ Relay interpreter - Proficiency in English not Required

If you have multiple pages for your English Language Proficiency Verification, scan or photograph them all into one document. One document can be uploaded to verify the proficiency you selected.

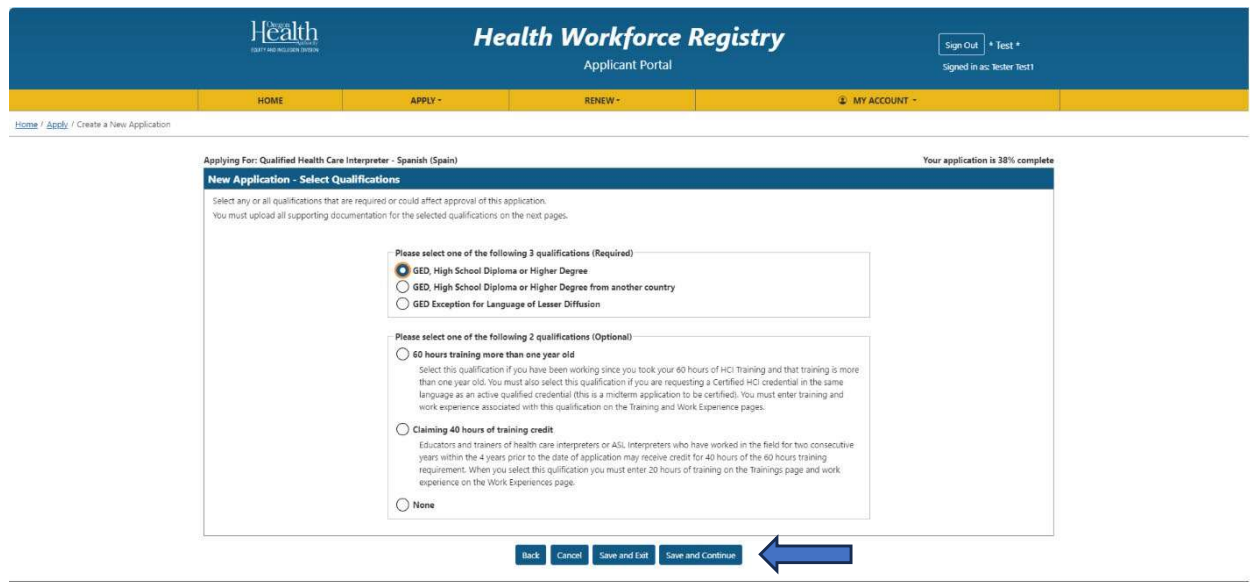
Upload the English Language Proficiency Verification (Required)  
English Language Proficiency Verification  
Scan or Photograph of Documentation (Required)

Selected file: test.DFF
Change file

Back Cancel Save and Exit Save and Continue

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12. Select the education level that applies to you; click **“Save and Continue.”**



Applying For: Qualified Health Care Interpreter - Spanish (Spain) Your application is 38% complete

**New Application - Select Qualifications**

Select any or all qualifications that are required or could affect approval of this application.  
You must upload all supporting documentation for the selected qualifications on the next pages.

**Please select one of the following 3 qualifications (Required)**

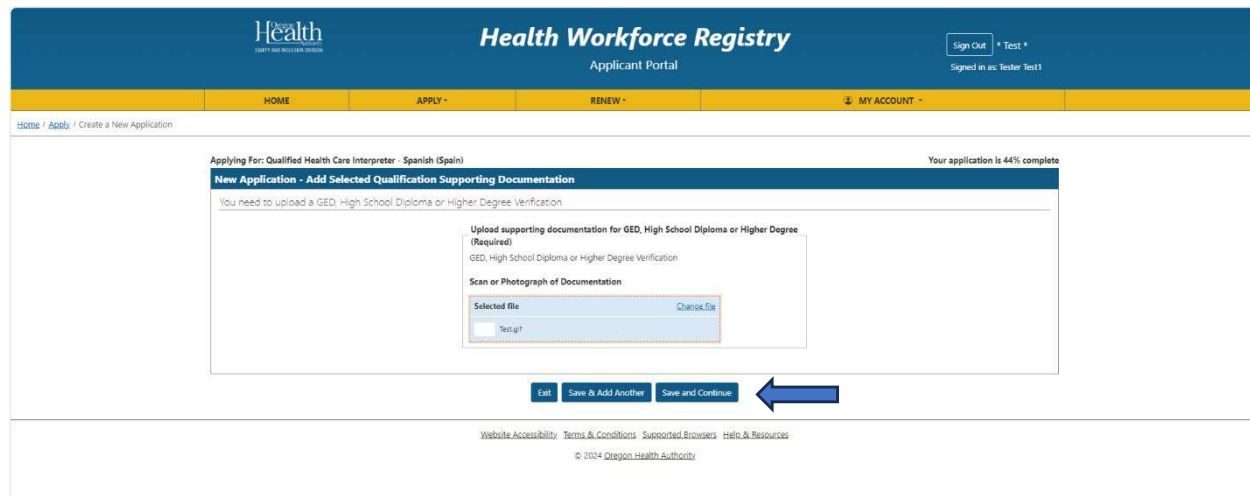
- ☒ GED, High School Diploma or Higher Degree
- ☐ GED, High School Diploma or Higher Degree from another country
- ☐ GED Exception for Language of Lesser Diffusion

**Please select one of the following 2 qualifications (Optional)**

- ☐ 60 hours training more than one year old  
Select this qualification if you have been working since you took your 60 hours of HCI training and that training is more than one year old. You must also select this qualification if you are requesting a Certified HCI credential in the same language as an active qualified credential (this is a midterm application to be certified). You must enter training and work experience associated with this qualification on the Training and Work Experience pages.
- ☐ Claiming 40 hours of training credit  
Educators and trainers of health care interpreters or ASL interpreters who have worked in the field for two consecutive years within the 4 years prior to the date of application may receive credit for 40 hours of the 60 hours training requirement. When you select this qualification you must enter 20 hours of training on the Trainings page and work experience on the Work Experiences page.
- ☐ None

[Back](#) [Cancel](#) [Save and Exit](#) [Save and Continue](#)

13. Upload proof of education document; click **“Save and Continue”**:



Applying For: Qualified Health Care Interpreter - Spanish (Spain) Your application is 44% complete

**New Application - Add Selected Qualification Supporting Documentation**

You need to upload a GED, High School Diploma or Higher Degree Verification

**Upload supporting documentation for GED, High School Diploma or Higher Degree (Required)**

GED, High School Diploma or Higher Degree Verification

Scan or Photograph of Documentation

[Choose file](#)

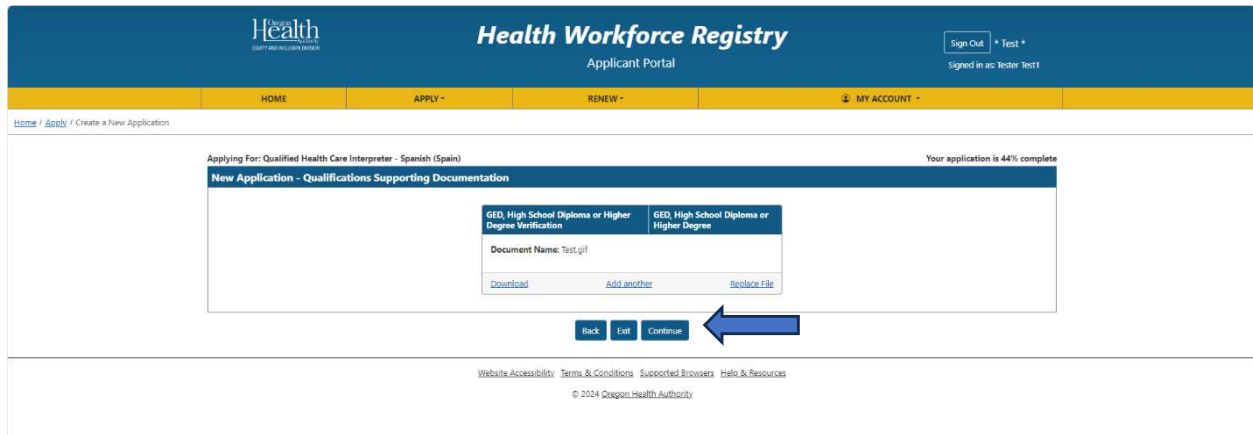
[Exit](#) [Save & Add Another](#) [Save and Continue](#)

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14. Click “**Continue**” to get to the next page of the training information:



**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME APPLY RENEW MY ACCOUNT

Home / Apply / Create a New Application

Applying For: Qualified Health Care Interpreter - Spanish (Spain) Your application is 44% complete

**New Application - Qualifications Supporting Documentation**

GED, High School Diploma or Higher Degree Verification GED, High School Diploma or Higher Degree

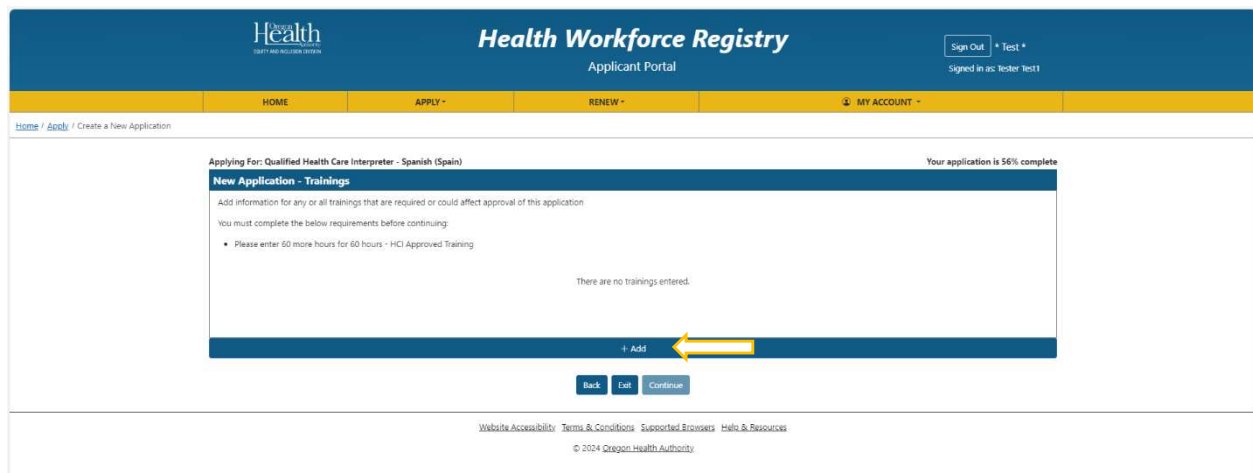
Document Name: Test.gif

Download Add another Replace File

Back Exit **Continue**

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15. You cannot continue from this page until you enter required training and hours; click “**+Add.**”



**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME APPLY RENEW MY ACCOUNT

Home / Apply / Create a New Application

Applying For: Qualified Health Care Interpreter - Spanish (Spain) Your application is 56% complete

**New Application - Trainings**

Add information for any or all trainings that are required or could affect approval of this application.

You must complete the below requirements before continuing:

- Please enter 60 more hours for 60 hours - HCI Approved Training

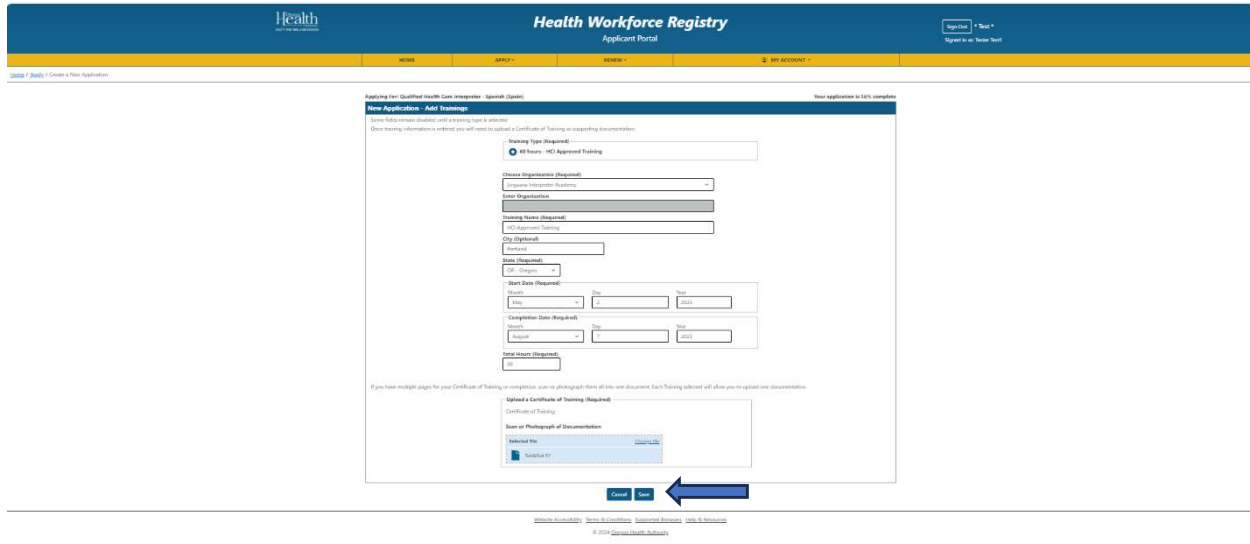
There are no trainings entered.

+ Add

Back Exit Continue

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16. Enter the training information and click **“Save”**; it will take you to the next page:



Applying For: Qualified Health Care Interpreter - Spanish (Spain)

**New Application - Add Training**

Some fields cannot be updated until a training type is selected.  
Once training information is entered you will need to upload a Certificate of Training or supporting documentation.

Training Type (Required)  
☒ 60 hours - HCI Approved Training

Choose Organization (Required)  
 Linguistic Interpreter Academy

Enter Organization  
 [Text Field]

Training Name (Required)  
 HCI Approved Training

City (Required)  
 Portland

Date (Required)  
 [Date Picker]

Start Date (Required)  
 Month: May Day: 02 Year: 2023

Completion Date (Required)  
 Month: August Day: 07 Year: 2023

Total Hours (Required)  
 60

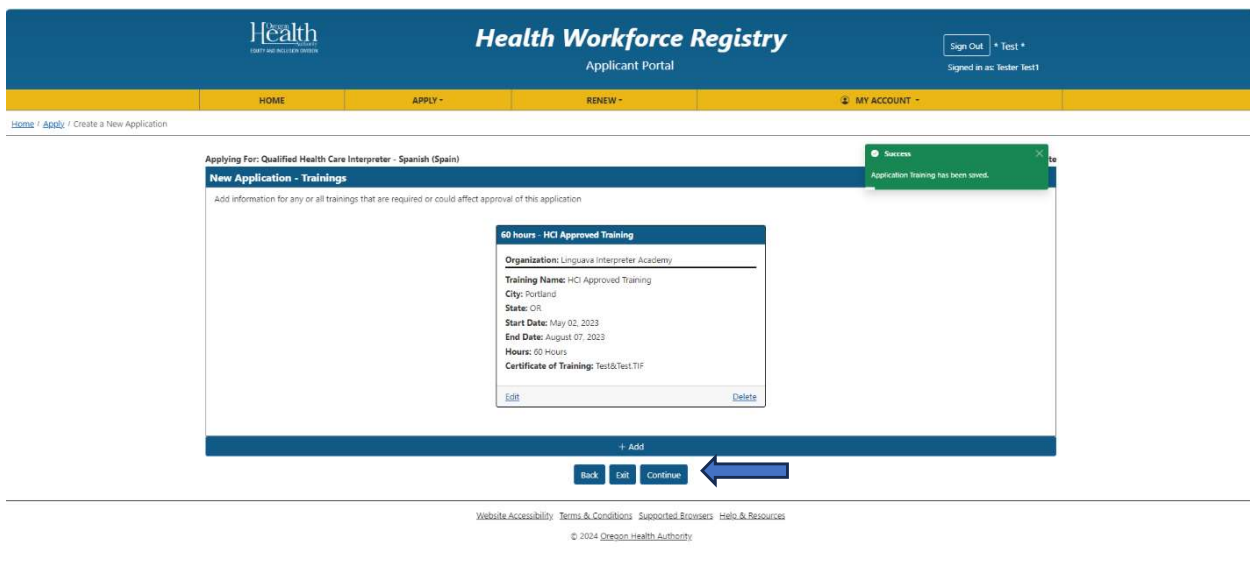
If you have multiple pages for your Certificate of Training or completion, scan or photograph them all into one document. Each Training selected will allow you to upload one document.

Upload Certificate of Training (Required)  
 Scan or Photograph of Documentation  
 Selected File: Test&Test.TIF [Delete] [Upload]

[Cancel] [Save]

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17. Next page shows the training information you entered, click **“Continue.”**



Applying For: Qualified Health Care Interpreter - Spanish (Spain)

**New Application - Trainings**

Add information for any or all trainings that are required or could affect approval of this application

60 hours - HCI Approved Training

Organization: Linguistic Interpreter Academy

Training Name: HCI Approved Training

City: Portland

Start Date: May 02, 2023

End Date: August 07, 2023

Hours: 60 Hours

Certificate of Training: Test&Test.TIF

[Edit] [Delete]

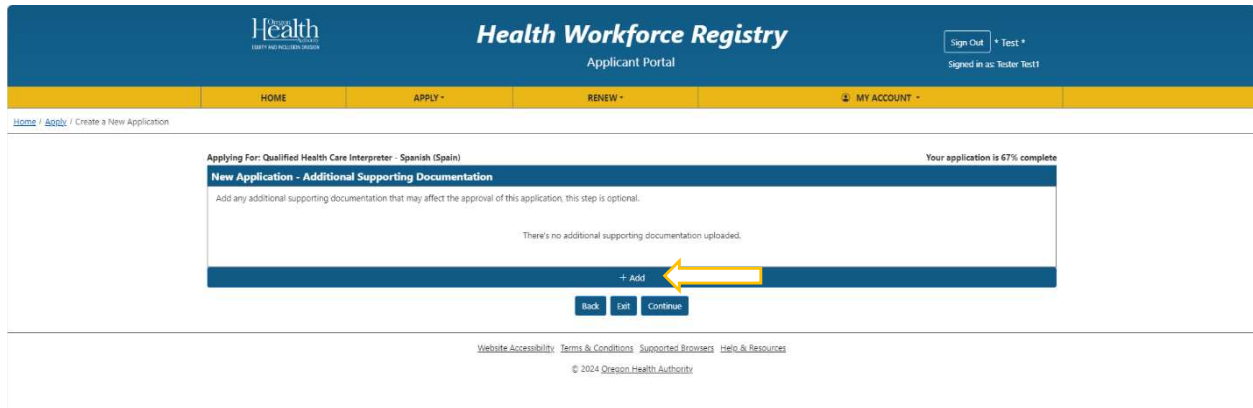
+ Add

[Back] [Exit] [Continue]

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18. Click “+Add” to upload more training documents, if necessary, then click “Continue.”



**Health Workforce Registry**  
Applicant Portal

Sign Out • Test •  
Signed in as: Tester Test1

HOME APPLY • RENEW • MY ACCOUNT •

Home / Apply / Create a New Application

Applying For: Qualified Health Care Interpreter - Spanish (Spain) Your application is 67% complete

**New Application - Additional Supporting Documentation**

Add any additional supporting documentation that may affect the approval of this application, this step is optional.

There's no additional supporting documentation uploaded.

+ Add

Back Exit Continue

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19. Review the information you entered carefully. At this point, you can make corrections. After reviewing the information, click “Continue.”



**Health Workforce Registry**  
Applicant Portal

Sign Out • Test •  
Signed in as: Tester Test1

HOME APPLY • RENEW • MY ACCOUNT •

Home / Apply / Create a New Application

Applying For: Qualified Health Care Interpreter - Spanish (Spain) Your application is 78% complete

**New Application - Review Application**

*Review this application carefully! Once the application is submitted it CANNOT be edited. Please make sure the information below is correct before continuing.*

**Applicant Information**

Tester Test1  
(555) 444-1111  
test@test.com

**Credentials Requested**

Qualified Health Care Interpreter - Spanish (Spain)

**Language Proficiency**

**Target Language Proficiency (Qualified Health Care Interpreter - Spanish (Spain))**  
Pass the following test in Non-English language within the last 4 years  
Target Language Proficiency Verification: Not yet

**English Language Proficiency**  
Pass the following test in English language within the last 4 years  
English Language Proficiency Verification: Not yet

**Qualifications**

**GED, High School Diploma or Higher Degree**

Supporting Documentation:  
GED, High School Diploma or Higher Degree Verification: Not yet

**Trainings**

**All Issues - HCT Approved Training**

**Organization** Linguistics Interpreter Academy

**Training Name** HCT Approved Training

**City/Province/State** CA

**Start Date** May 01, 2023

**End Date** August 01, 2023

**Hours** 40 hours

**Certificate of Training** Not yet

**Work Experience**

There is no Work Experience entered.

**Documentation**

There is no Documentation.


Download

Back Exit Continue

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20. Before submitting your application, enter your **“Initials & Signature and click Submit.”** Be sure you have reviewed the application carefully before pressing submit. You **CAN NOT** make edits after click submit.


**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME
APPLY \*
RENEW \*
MY ACCOUNT \*

[Home](#) / [Apply](#) / Create a New Application

Applying For: Qualified Health Care Interpreter - Spanish (Spain)
Your application is 89% complete

### New Application - Submit

**Once an application is submitted it CANNOT be edited.**  
**Please make sure the information on your application is correct before submitting the application.**

**Health Care Interpreters Code of Ethics and Signatures**

Please read the following statements carefully and indicate that you understand and accept by typing your initials in the space provided.

I have read the National Code of Ethics and Standards of Practice for Health Care Interpreters (from the National Council on Interpreting in Health Care) which are available on the Health Care Interpreters Program website. See the link [www.ncihc.org/ethics-and-standards-of-practice](http://www.ncihc.org/ethics-and-standards-of-practice).

**Initials (Required)**

I understand that any action outside these guidelines is a violation of these ethics and standards of practice. I agree, to the best of my ability, to practice within these guidelines as a health care interpreter.

**Initials (Required)**

**Signature**

Sign your application by typing your full name below. This is your electronic signature and by signing you certify that all the information in this application is true to the best of your knowledge.

**Signature Date**

Back
Exit
Submit

21. The system will ask if you want to start a new application; if you are done, **click “No”**. If you want to add another credential, **click “Yes.”**


**Health Workforce Registry**  
Applicant Portal

Sign Out \* Test \*  
Signed in as: Tester Test1

HOME
APPLY \*
RENEW \*
MY ACCOUNT \*

[Home](#)

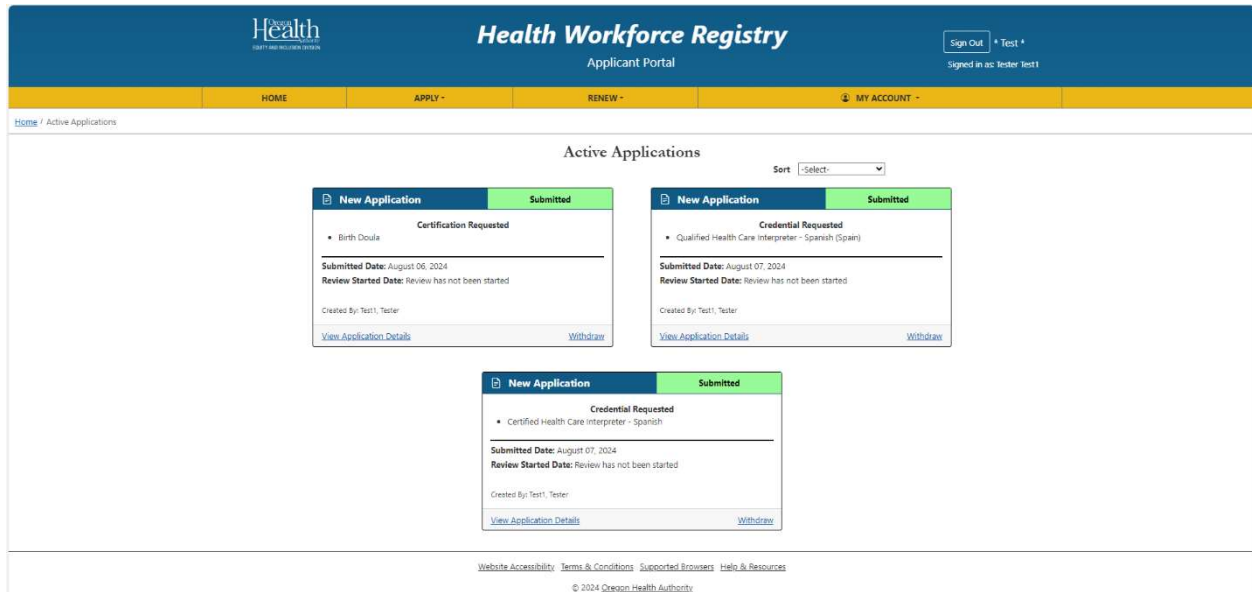
Would you like to start a new application?

Yes
No

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22. If you are finished creating the application and do not have another to enter, click **“No”**. You will see this page.



The screenshot shows the 'Health Workforce Registry Applicant Portal' interface. At the top, there's a navigation bar with 'HOME', 'APPLY', 'RENEW', and 'MY ACCOUNT'. The main content area is titled 'Active Applications' and features a 'Sort' dropdown menu. Below this, there are three application cards, each with a 'New Application' and 'Submitted' tab. The first card is for 'Birth Doula' with a 'Certification Requested' status. The second card is for 'Qualified Health Care Interpreter - Spanish (Spain)' with a 'Credential Requested' status. The third card is for 'Certified Health Care Interpreter - Spanish' with a 'Credential Requested' status. Each card displays the 'Submitted Date' (August 06, 2024), 'Review Started Date' (Review has not been started), and 'Created By' (Test1, Tester). Links for 'View Application Details' and 'Withdraw' are provided for each application.

23. If you want to start a new application then click **“Yes”**, the system will take you back to the beginning of the process for the new credential that you wish to add.



The screenshot shows the 'Health Workforce Registry Applicant Portal' home page. It features three main sections: 'Applicant Activities', 'Introduction', and 'Quick Links'. The 'Applicant Activities' section on the left contains links for 'View Open Applications', 'View Active Applications', 'View Application History', 'View Credentials and Certifications', 'Create a New Traditional Health Worker Application', 'Create a New Health Care Interpreter Application', 'Renew a Traditional Health Worker Certification', and 'Renew a Health Care Interpreter Credential'. The 'Introduction' section in the center provides an overview of the portal's purpose and usage. The 'Quick Links' section on the right contains links for 'Health Care Interpreters (HCI) Program', 'How to become a Traditional Health Worker (THW)', 'Email Health Care Interpreter Program', and 'Email Traditional Health Worker Program'.

24. OHA staff will review your application. If your application is incomplete, you will receive an email with details of what you are missing. If your application is complete, you will receive your determination letter by email. Please check your email.