

Health Care Interpreter Renewal Application

You can get this document in other languages, large print, braille or a format you prefer. Contact the Health Care Interpreter Program at hci.program@dhsosha.state.or.us or 971-673-3328. We accept all relay calls, or you can dial 711.

Please type or clearly print. Complete and send all the following information by mail with \$25 application processing fee included to: **Please DO NOT send any check, all the registration fees have been waived for now.**

Health Care Interpreter Program
OHA Office of Equity and Inclusion
421 SW Oak St, Suite 750
Portland, OR 97204

Email hci.program@dhsosha.state.or.us or fax 971-673-1128.

Make check or money order payable to OHA/OEI Health Care Interpreter Program.

Health care interpreters (HCI) include the following credential types:

- *Qualified* — most HCIs are in this category
- *Certified* — requires passing national oral and written exams; only applies to RID and the following languages: Arabic, Cantonese, Korean, Mandarin, Russian, Spanish, Vietnamese (certification exam is **not required** for renewing qualified letters)

Please submit a completed application and all necessary documents to renew your qualified or certified HCI letter.

Complete this form if you meet all of the following requirements. You:

- Are at least 18 years of age
- Must have at least a high school diploma or GED
- Are not on the Medicaid exclusion list
- Are a previously qualified or certified HCI
- Have completed 24 hours of continuing education (CE) units (must be through an OHA-recognized CE program or equivalent)
- Must be willing to complete a background check

You must also submit these when you seek renewal of HCI qualification or certification:

- A clear copy of your driver license, state-issued ID card or passport for your backgroundcheck
- Copies of your CE certificate(s) or letters (Certificates and letters must not be more than three years old.)

Completing the process

- You will receive an email from CRIMS to complete a background check application.
- Your HCI renewal application will be processed after your background check is complete.
- OHA will notify you in writing about the status of your application after confirming you meet all requirements.
- OHA will update your information on the HCI registry when the application process is complete, and a renewal letter is issued.

Section 1: Applicant information

1.1 Renewal application type

Renewal Qualified HCI letter

Check all that apply and attach documentation:

- Completed 24 hours of Continuing Education (CE) from an OHA recognized CE program or equivalent. The breakdown of CE requirements are:
 - 6 hours of health care interpreter ethics.
 - 6 hours of interpretation skills.
 - 12 hours on any topics accepted by interpreter certification organizations.
- Acquired your CE during the four years after your HCI qualification
- I am not counting part of my 60 hours HCI training as CE
- Are you a qualified interpreter in any of the certifiable languages by Certification Commission for Health Care Interpreters (CCHI) or the National Board of Certification for Medical Interpreters (NBCMI)

If yes, please list language(s):

Did you pass the oral certification exam? Yes No

If yes, please attach a copy of your certificate in addition to the other application requirements.

Renew Certified HCI letter

Check all that apply and attach documentation:

- Completed 24 hours of Continuing Education (CE) from an OHA recognized CE program or equivalent. The breakdown of CE requirements are:
 - 6 hours of health care interpreter ethics.
 - 6 hours of interpretation skills.
 - 12 hours on any topics accepted by interpreter certification organizations.
- Acquired your CE during the four years after your HCI certification
- I am not counting part of my 60 hours HCI training as CE

1.2 Applicant contact information

First name:	Last name:	Date of birth:
Mailing address:		
City:	State:	ZIP:
Preferred contact number:		Email:

Make the following information available on the HCI Registry: Check all that apply, or "none" to indicate release of name only, with no release of contact information.

- Address
 Phone
 Email
 None

Section 2: Demographic and availability information

2.1 Alternate formats

1. Do you need written materials in an alternate format (*Braille, large print, audio recordings, etc.*)?

Yes No Don't know/Unknown Decline/Don't want to answer

If yes, which format?

2.2 Race and ethnicity

The following questions are optional and for data collection only. Information provided will have no effect on certification.

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

2. Which of the following describes your racial or ethnic identity? Please check **all** that apply:

American Indian or Alaska Native

Alaska Native American Indian
 Canadian Inuit, Metis or First Nation Indigenous Mexican, Central American or South American

Hispanic or Latino/a

Hispanic or Latino Central American Hispanic or Latino Mexican
 Hispanic or Latino South American Other Hispanic or Latino (specify):

Asian

Asian Indian Chinese Filipino/a Hmong
 Japanese Korean Laotian South Asian
 Vietnamese Other Asian (specify):

Native Hawaiian or Pacific Islander

Guamanian or Chamorro Micronesian Native Hawaiian Samoan
 Tongan Other Pacific Islander (specify):

Black or African American

African (Black) African American Caribbean (Black)
 Other Black (specify):

Middle Eastern or North African

Middle Eastern North African

White

Eastern European Slavic Western European
 Other White (specify):

Other categories

Don't know/Unknown Decline/Don't want to answer

Other (*please list*):

If you selected more than one racial or ethnic identity above, please CIRCLE the ONE that best represents your racial or ethnic identity. If you have more than one primary racial or ethnic identity, please check here:

2.3 Gender, sexual orientation and disability

Gender

Male Female Transgender Others (*specify*): _____

Decline to answer

Sexual orientation

Gay or lesbian Straight, not gay or lesbian Bisexual Queer

Something else (*specify*): _____

Decline to answer

2.4 Language(s)

In what language do you want us to:

Speak with you:

Write to you:

Do you need a sign language interpreter for us to communicate with you?

Yes No Don't know/Unknown Don't want to answer/Decline

If yes, which type do you need us to communicate with you? (ASL, PSE, tactile interpreting, etc.)

Do you need an interpreter for us to communicate with you?

Yes No Don't know/Unknown Don't want to answer/Decline

How well do you speak English?

Very well Well Not well Not at all Don't know/Unknown

Don't want to answer/Decline

Languages that you are requesting certification or qualification for:

<input type="checkbox"/> African languages (<i>specify</i>): _____	<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Hindi
<input type="checkbox"/> Hmong	<input type="checkbox"/> Indic (<i>specify</i>): _____	<input type="checkbox"/> Italian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Marshallese
<input type="checkbox"/> Mien	<input type="checkbox"/> Mon-Khmer, Cambodian	<input type="checkbox"/> Russian
<input type="checkbox"/> Scandinavian (<i>specify</i>): _____	<input type="checkbox"/> Slavic (<i>specify</i>): _____	
<input type="checkbox"/> Spanish	<input type="checkbox"/> Somali	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Thai
<input type="checkbox"/> Other (<i>specify</i>): _____	<input type="checkbox"/> Sign language (<i>specify</i>): _____	

2.5 Language(s) that you read and speak well but do not request certification or qualification for:

<input type="checkbox"/> African languages (<i>specify</i>): _____	<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Hindi
<input type="checkbox"/> Hmong	<input type="checkbox"/> Indic (<i>specify</i>): _____	<input type="checkbox"/> Italian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Marshallese
<input type="checkbox"/> Mien	<input type="checkbox"/> Mon-Khmer, Cambodian	<input type="checkbox"/> Russian
<input type="checkbox"/> Scandinavian (<i>specify</i>): _____	<input type="checkbox"/> Slavic (<i>specify</i>): _____	
<input type="checkbox"/> Spanish	<input type="checkbox"/> Somali	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Thai
<input type="checkbox"/> Other (<i>specify</i>): _____	<input type="checkbox"/> Sign language (<i>specify</i>): _____	

2.6 Disability

Your answers to the questions below help us find health and service differences among people with disabilities or limitations. Your answers are confidential.

Are you deaf or do you have serious difficulty hearing?

Yes No Don't know Decline to answer

If yes, at what age did the condition begin?

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes No Don't know Decline to answer

If yes, at what age did the condition begin?

Does a physical, mental or emotional condition limit your activities in any way?

Yes No Don't know Decline to answer

If yes, at what age did the condition begin?

Do you have serious difficulty walking or climbing stairs?

Yes No Don't know Decline to answer

If yes, at what age did the condition begin?

Do you have difficulty dressing or bathing?

Yes No Don't know Decline to answer

If yes, at what age did the condition begin?

Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, understanding or making decisions?

Yes No Don't know Decline to answer

If yes, at what age did the condition begin?

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

Yes No Don't know Decline to answer

If yes, at what age did the condition begin?

What is your age today?

2.7 Geographic availability: Where are you willing to work? (Choose as many locations as desired.)

Region 1	Region 2	Region 3	Region 4
<input type="checkbox"/> Clatsop <input type="checkbox"/> Columbia <input type="checkbox"/> Tillamook	<input type="checkbox"/> Clackamas <input type="checkbox"/> Multnomah <input type="checkbox"/> Washington	<input type="checkbox"/> Yamhill <input type="checkbox"/> Polk <input type="checkbox"/> Marion <input type="checkbox"/> Benton <input type="checkbox"/> Lincoln	<input type="checkbox"/> Coos <input type="checkbox"/> Douglas <input type="checkbox"/> Lane <input type="checkbox"/> Linn
Region 5	Region 6	Region 7	Region 8
<input type="checkbox"/> Curry <input type="checkbox"/> Jackson <input type="checkbox"/> Josephine	<input type="checkbox"/> Hood River <input type="checkbox"/> Gilliam <input type="checkbox"/> Sherman <input type="checkbox"/> Klamath	<input type="checkbox"/> Crook <input type="checkbox"/> Deschutes <input type="checkbox"/> Grant <input type="checkbox"/> Jefferson <input type="checkbox"/> Lake <input type="checkbox"/> Wasco <input type="checkbox"/> Wheeler	<input type="checkbox"/> Baker <input type="checkbox"/> Harney <input type="checkbox"/> Malheur <input type="checkbox"/> Morrow <input type="checkbox"/> Umatilla <input type="checkbox"/> Union <input type="checkbox"/> Wallowa

2.8 Work schedule availability:	
Days available: <i>(Check all that apply.)</i>	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Hours of availability: <i>(Check all that apply.)</i>	
<input type="checkbox"/> Day (7 a.m.–5 p.m.)	<input type="checkbox"/> Evening (5 p.m.–midnight) <input type="checkbox"/> Night (midnight–7 a.m.)
Are you available to the public? <i>(to provide services):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: Continuing education documentation

Please attach proof of attendance for all continuing education units (CE) (*certificates, letters of participation or transcripts*). Approved CEs from the following organizations will be accepted by OHA for the renewal of HCI letters: Certification Commission for Health Care Interpreters (CCHI), the National Board of Certification for Medical Interpreters (NBCMI), American Translators Association (ATA), Oregon Judicial Department (OJD), Registry of Interpreters for the Deaf (RID), and Washington State(DSHS), or provided and approved by OHA/OEI.

Training title: _____	Training date: _____
Objectives of training/class: _____	
Number of hours: _____	Name of trainer: _____
This CE fulfills which of the following requirements (<i>check one</i>):	
<input type="checkbox"/> Health care interpreter ethics	<input type="checkbox"/> Interpretation skills
<input type="checkbox"/> Topics accepted by the interpreter certification organizations	
Please indicate which organization approved your C E:	
<input type="checkbox"/> CCHI	<input type="checkbox"/> NBCMI <input type="checkbox"/> ATA <input type="checkbox"/> OJD <input type="checkbox"/> RID <input type="checkbox"/> DSHS <input type="checkbox"/> OHA/OEI

Training title: _____	Training date: _____
Objectives of training/class: _____	
Number of hours: _____	Name of trainer: _____
This CE fulfills which of the following requirements (<i>check one</i>):	
<input type="checkbox"/> Health care interpreter ethics	<input type="checkbox"/> Interpretation skills
<input type="checkbox"/> Topics accepted by the interpreter certification organizations	
Please indicate which organization approved your C E:	
<input type="checkbox"/> CCHI	<input type="checkbox"/> NBCMI <input type="checkbox"/> ATA <input type="checkbox"/> OJD <input type="checkbox"/> RID <input type="checkbox"/> DSHS <input type="checkbox"/> OHA/OEI

Training title: _____	Training date: _____
Objectives of training/class: _____	
Number of hours: _____	Name of trainer: _____

This CE fulfills which of the following requirements (*check one*):

- Health care interpreter ethics Interpretation skills
 Topics accepted by the interpreter certification organizations

Please indicate which organization approved your CE:

- CCHI NBCMI ATA OJD RID DSHS OHA/OEI

Training title: _____

Training date: _____

Objectives of training/class: _____

Number of hours: _____

Name of trainer: _____

This CE fulfills which of the following requirements (*check one*):

- Health care interpreter ethics Interpretation skills
 Topics accepted by the interpreter certification organizations

Please indicate which organization approved your C E:

- CCHI NBCMI ATA OJD RID DSHS OHA/OEI

Training title: _____

Training date: _____

Objectives of training/class: _____

Number of hours: _____

Name of trainer: _____

This CE fulfills which of the following requirements (*check one*):

- Health care interpreter ethics Interpretation skills
 Topics accepted by the interpreter certification organizations

Please indicate which organization approved your C E:

- CCHI NBCMI ATA OJD RID DSHS OHA/OEI

Total CE hours: _____

Section 4: Code of ethics and signature

This section is **mandatory** for **all** new and renewal applicants.

Please read the following statements carefully and indicate that you understand and accept by signing 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 <http://www.ncihc.org/ethics-and-standards-of-practice>.) 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.

Print name: _____

Signature: _____

Date: _____

This application form must be signed and mailed with a \$25 fee to: (Waived)
OHA/Office of Equity and Inclusion

Attn: Health Care Interpreter Program
421 SW Oak St, Suite 750
Portland, OR 97204

Security statement: This form may contain your personal information. If you return the form by email, there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Health Care Interpreter Program, Office of Equity and Inclusion, at 971-673-3328 (711 for TTY) or email hci.program@dhsosha.state.or.us.