

## Oregon Council on Health Care Interpreters Application Form

The Oregon Council on Health Care Interpreters (Council) works in cooperation with the Oregon Health Authority (OHA) to:

- 1) Develop testing, qualification and certification standards for health care interpreters for persons with limited English proficiency and for persons who communicate in sign language.
- 2) Coordinate with other states, the federal government or professional organizations to develop and implement educational and testing programs for health care interpreters.
- 3) Examine operational and funding issues, including but not limited to the feasibility of developing a central registry and annual subscription mechanism for health care interpreters.

The Council supports and fosters the utilization of qualified and certified Health Care Interpreters as a strategy to ensure the delivery of high-quality, culturally and linguistically appropriate care to people with Limited English Proficiency, and to achieve Oregon's Triple Aim of better health, better care and lower costs.

Fifteen members are appointed by the director of OHA to serve on the Council. Council membership must include the following:

- 1) Persons with expertise and experience in the administration of or policymaking for programs or services related to interpreters.
- 2) Employers or contractors of health care interpreters.
- 3) Health care interpreter training programs.
- 4) Language access service providers, and
- 5) Practicing certified and qualified health care interpreters.

The Council meets quarterly and can hold additional meetings as needed. Council meetings are open to the public and are subject to public meeting requirements.

### Oregon Council on Health Care Interpreters Committees

There are currently two Council Committees: Education and Training Committee and Advocacy and Legislative Committee. These Committees meet monthly. Subject matter experts can sit on committees without being a part of the Council. Committee meetings are open to the public and are subject to public meeting requirements.

All interested in applying for an appointment in the Oregon Council on Health Care Interpreters or volunteering for Council Sub-Committees, must complete this application and return it via e-mail or postal mail to:

Oregon Health Authority  
Office of Equity and Inclusion  
421 SW Oak Street, Suite 750  
Portland, OR 97204  
[hci.program@dhsosha.state.or.us](mailto:hci.program@dhsosha.state.or.us)

Please type or print clearly.

**SECTION 1: Applicant contact information**

First name:	Last name:	
Mailing address		
City	State	ZIP code
Home phone number	Email	
Occupation/title	Name of the Organization (if applicable)	

**SECTION 2: Demographic information**

Please use the attached form if you would like to provide demographic information. This information is optional. Under federal and state law, this information cannot be used to discriminate against you. We will use this information to ensure diverse representation on the Council.

**Please check all that apply to you:**

- Persons with expertise and experience in the administration of or policymaking for programs or services related to interpreters
- Employer or contractor of health care interpreters
- Health care interpreter training program representative
- Language access service provider
- Practicing certified and qualified health care interpreters
- Other (please describe):

**SECTION 3: Subcommittees**

**Please check one**

- Education and training:** This committee is responsible for developing and recommending standards for training and continuing education of qualified and certified Health Care Interpreters. The committee also reviews and approves training programs that meet these standards.

- Legislative and policy:** This committee is responsible for developing and recommending policy that advances the utilization of qualified and certified health care interpreters in Oregon. The Committee works with the Council and OHA to analyze policies that affect the provision of linguistically appropriate health care services to limited English proficient patients.

**SECTION 4: Interest and experience**

**Please describe why you are interested in serving on the Oregon Council on Health Care Interpreters.**  
(150 words max)

**Please describe how your background and experience would support your work on the Oregon Council on Health Care Interpreters.** Your response can include your experience as an interpreter, a person with Limited English Proficiency, HCI Trainer, language service provider, or employer or contractor of health care interpreters, as well as other assets, insight, and experience. (150 words max)

**Experience**

Please share your experience on advisory councils, committees, or workgroups.

Name of council or committee	Dates of membership	Scope or focus of your participation

**References**

Please list two or three people who can provide information about your potential contributions to the Council.

Name	Title/Affiliation	Phone	Email

**SECTION 5: Signature**

I certify that the statements made by me on this form are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Note:** Completion of this application does not confirm membership on the Council.

## Oregon Council on Health Care Interpreters Council Application Optional Demographic Information

The Oregon Health Authority is required to collect race, ethnicity and language data in the format below, based on Oregon law (ORS 413.161). However, responding to this questionnaire is optional.

### Race and Ethnicity

1) How do you identify your race, ethnicity, tribal affiliation, or ancestry?

2) Which of the following describes your racial or ethnic identity?

Please check ALL that apply.

#### American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis or First Nation
- Indigenous Mexican, Central American or South American
- Other American Indian: \_\_\_\_\_

#### Native Hawaiian or Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: \_\_\_\_\_

#### Hispanic or Latino/a

- Hispanic or Latino Mexican
- Hispanic or Latino Central American
- Hispanic or Latino South American
- Other Hispanic or Latino: \_\_\_\_\_

#### Black or African American

- African American
- African
- Caribbean
- Other Black: \_\_\_\_\_

#### Asian

- Chinese
- Vietnamese
- Korean
- Hmong
- Laotian
- Filipino/a
- Japanese
- South Asian
- Asian Indian
- Other Asian: \_\_\_\_\_

#### White

- Western European
- Eastern European
- Slavic
- Middle Eastern
- Northern African
- Other White: \_\_\_\_\_

#### Other categories

- Other (please list): \_\_\_\_\_
- Unknown
- Decline to answer

3) If you selected more than one racial or ethnic identity above, please CIRCLE the ONE that best represents your racial or ethnic identity.

#### Language

1. In what language do you want us to speak with you?

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2. In what language do you want us to write to you?

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3. Do you need an interpreter?

Yes  No

4. Do you need an interpreter because you are deaf, hard of hearing, or deaf-blind?

Yes  No

If yes, which type of interpretation (American Sign Language, video remote interpreting (VRI), tactile interpreting, etc.)?

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

Yes  No

If yes, which format?

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