

# Health Care Interpreter 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@dhsoha.state.or.us](mailto:hci.program@dhsoha.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@dhsoha.state.or.us](mailto:hci.program@dhsoha.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 **not required** for renewing qualified letters)

If you want to be qualified or certified as an HCI, you must submit a completed application and all necessary documents to the Oregon Health Authority (OHA), Office of Equity and Inclusion (OEI).

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

- Are at least 18 years of age
- Must have a high school diploma or GED
- Are not on the Medicaid exclusion list
- Have finished all required HCI training (*must be through an OHA-approved training program or equivalent*)

## **You must also do these things when you seek a HCI qualification or certification. Submit:**

- A clear copy of a driver's license, state-issued ID card or passport for your background check
- A copy of your training certificate(s)
- Proof of 15 hours of interpreting experience
- Proof of language proficiency (*must test at the American Council on the Teaching of Foreign Languages (ACTFL) advanced mid-level or equivalent*)
- A completed application

Additional requirement for certification:

- Proof of 30 hours of interpreting experience
- Proof of passing one of the certification exams listed on the OHA/OEI website (<http://www.tinyurl.com/HCI-Training>)

## **Completing the process**

OHA will notify you in writing of your certification as an HCI after confirming you have met all requirements. OHA will add your name and contact information to the registry of certified HCIs.

<http://www.tinyurl.com/HCI-Training>

**Section 1: Applicant information**

<b>1.1 Application type</b>			
<input type="checkbox"/> <b>Qualified health care interpreter registration \$25 (Waived- DO NOT send the \$25)</b>			
<input type="checkbox"/> <b>Training</b> (60 hours of formal health care interpreter training) <b>Check all that apply and attach documentation:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Successful completion of an Oregon-approved HCI training program</li> <li><input type="checkbox"/> Other formal HCI training. Such training must meet the standards specified for OHA-approved training on the OHA/OEI website (<a href="http://www.tinyurl.com/HCI-Program">http://www.tinyurl.com/HCI-Program</a>).</li> </ul>			
<input type="checkbox"/> <b>Language proficiency</b> (in English and the language(s) in which you provide interpretation, including American Sign Language) <b>Check verification method and attach documentation:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> OHA-approved language proficiency center testing (must test at the American Council on the Teaching of Foreign Languages (ACTFL) advanced mid-level or equivalent)</li> <li><input type="checkbox"/> Equivalent language proficiency documentation attached</li> </ul>			
<input type="checkbox"/> <b>Work experience</b> (15 hours of documented interpreting experience) <b>Attach a letter specifying number of hours of interpreting experience.</b>			
<input type="checkbox"/> <b>Certified health care interpreter registration \$25(waived)</b> — Only choose this option if you speak at least one of the following languages: <b>Arabic, Cantonese, Korean, Mandarin, Russian, Spanish, Vietnamese (certification exam not required).</b>			
<input type="checkbox"/> <b>Training</b> (60 hours of formal health care interpreter training) <b>Check all that apply and attach documentation:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Successful completion of an Oregon-approved HCI training program</b></li> <li><input type="checkbox"/> Other formal HCI training. Such training must meet the standards specified of OHA-approved training on the OHA/OEI website (<a href="http://www.tinyurl.com/HCI-Program">http://www.tinyurl.com/HCI-Program</a>).</li> </ul>			
<input type="checkbox"/> <b>Work experience</b> (30 hours of documented interpreting experience) <b>Attach a letter specifying number of hours of interpreting experience.</b>			
<input type="checkbox"/> <b>Certification testing:</b> Current certificate from an approved certification testing center on the OHA/OEI website ( <a href="http://www.tinyurl.com/HCI-Training">http://www.tinyurl.com/HCI-Training</a> )			
<b>1.2 Applicant contact information</b>			
First name:		Last name:	Date of birth:
Mailing address:			
City:		State:	ZIP:
Preferred contact number:		Email:	
<b>Make the following information available on the HCI Registry:</b> Check all that apply, or “none” to indicate release of name only, with no release of contact information.			
<input type="checkbox"/> Address	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> 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"/> Persian	<input type="checkbox"/> Slavic ( <i>specify</i> ): _____	
<input type="checkbox"/> Spanish	<input type="checkbox"/> Somali	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Thai
<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sign language ( <i>specify</i> ): _____	
<input type="checkbox"/> Other ( <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"/> Persian	<input type="checkbox"/> Slavic ( <i>specify</i> ): _____	
<input type="checkbox"/> Spanish	<input type="checkbox"/> Somali	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Thai
<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sign language ( <i>specify</i> ): _____	
<input type="checkbox"/> Other ( <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

<b>2.8 Work schedule availability:</b>		
<b>Days available:</b> <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		
<b>Hours of availability:</b> <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: Code of ethics and signature**

This section is <b>mandatory</b> for <b>all</b> 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 ( <i>from the National Council on Interpreting in Health Care</i> ), which are available on the Health Care Interpreters Program website. (See <a href="http://www.ncihc.org/ethics-and-standards-of-practice">http://www.ncihc.org/ethics-and-standards-of-practice</a> .) 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.

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