



HEALTH LICENSING OFFICE Board of Sign Language Interpreters

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov
Web: www.oregon.gov/oha/ph/hlo

Application to Serve on the Board of Sign Language Interpreters Rules Advisory Committee (RAC)

Please ensure you complete the form in its entirety, including an accurate phone number and email address. This is to ensure the Health Licensing Office (HLO) can contact you with questions and maintain a record of applicants and applicant information as required by law.

Applying does not guarantee being selected to serve on the RAC, as a balance of representation across all available communities and individuals must be considered. You will be notified by a staff member of the HLO if you are selected to serve.

Please see the cover letter or HLO website for further information.

Board / Council / Program Name:	Board of Sign Language Interpreters
RAC Meeting Date(s) and Time(s):	February 29 and March 13, 2024, 10 a.m. to 3 p.m.
Application Submission Deadline to the HLO:	February 1, 2024, by 12 p.m. (noon)

Applicant Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	PHONE #:	

Business or Organization Name (if applicable):

Your Title (if applicable):

If referred by a person or profession/consumer organization, please provide the name of the person or organization:

What perspective do you represent?

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Why are you interested in participating in the Rules Advisory Committee (RAC) process for this board/council/program?

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The Health Licensing Office must identify and consider the interests of communities and individuals likely to be affected by the rules. Please mark any boxes below that you represent.

	Proficient in American Sign Language
	Licensed Sign Language Interpreter (SLI) – Mark the license type(s) you hold with the HLO: <input type="checkbox"/> Supervisory SLI temporary license <input type="checkbox"/> Generalist SLI temporary license <input type="checkbox"/> Legal SLI temporary license <input type="checkbox"/> Medical SLI temporary license <input type="checkbox"/> Educational SLI temporary license (K through 12)
	SLI temporary license holder who is Deaf
	SLI educator
	SLI student
	Consumer of SLI services (not a licensed SLI)
	Black, indigenous, or people of color communities. Specify: _____
	Consumer-based organization (i.e., associations, societies, trade groups). Specify: _____
	Coordinated Care Organization (CCO)
	Healthcare provider required to use a qualified or certified SLI through the Oregon Health Authority Healthcare Interpreter Program. Specify profession: _____
	Historical group. Specify: _____
	LGBTQQIP2SAA+ communities. Specify: _____
	Low-income or underrepresented
	Political group
	Private or public medical insurance industry. Specify: _____
	Professional organizations (i.e., associations, societies, trade groups). Specify: _____
	Senior community
	Small business owner (i.e., interpreter agency, businesses that contract with SLIs). Please specify the business type or name: _____
	Urban or rural
	Veteran or military person or group. Specify: _____
	Other. Specify: _____



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Do you have suggestions of communities or individuals who may be interested in participating on a Rules Advisory Committee? Please include contact information.

Please complete form and attach or scan to an email and send to Carrie Edwards: carrie.edwards@oha.oregon.gov, or send by way of U.S. postal mail to the address listed at the top of this form. For questions about serving, please email Carrie or call (503) 373-1902.