

Oregon Health Care Interpreter Training Programs

Please complete and submit the following application to the Oregon Health Authority Office of Equity and Inclusion (hci.program@state.or.us). The criteria listed in the table below outlines required elements to be covered in health care interpreter training programs. It is based on Oregon Law and Oregon Administrative Rules (ORS 409.615-625 and OAR 333-002), the Office of Minority Health's [National CLAS Standards](#), and the National Council on Interpreting in Healthcare's [National Standards for Healthcare Interpreter Training Programs](#).

Students completing education programs meeting Oregon required elements will be eligible to participate in Oregon qualification and certification processes as outlined in OAR 333-002.

Background Information Section: (please complete the following to help us best categorize your training program)

Name of Program: _____

Organization: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact person and/ or website for program information: _____

Phone: _____ Email: _____

Affiliations with colleges, universities or professional associations:

Total Number of Program Hours: _____

Program fees (estimate): _____

Do you plan to use an OHA approved curriculum? Yes No

Name of curriculum: _____

If yes, please attach proof of license, memorandum of agreement, or other documentation. If you have made any changes to the curriculum, complete all of the following changes. If you have not made any changes to the approved curriculum, proceed to the signature page.

Required Elements <ul style="list-style-type: none"> • Concepts • Skills • Assessment • Instructional Strategies 	Indicate specifically where located/mentioned in curriculum (by paragraph and page number).	(For internal use only) Score/Notes
I. Core knowledge: concepts (mandatory items required by OAR)		
52 hours on <ul style="list-style-type: none"> • Anatomy and physiology • Medical terminology in English and non-English language • Introductory HCI concepts and modes (see II Skills below) 		Yes / No
8 hours on National Council on Interpreting in Healthcare Code of Ethics and Standards of Practice (including applicable laws on privacy in medical settings)		Yes / No

II Skills: Introductory HCI concepts and modes

		<p>Indicate specifically where located/mentioned in curriculum (by paragraph and page number). Briefly elaborate if not specifically stated in syllabus.</p>	<p>(For internal use only) Score/Notes 0- Response missing or does not address question 1- Response does NOT adequately meet standards 2- Response adequately meets standards, with room for improvement 3- Response to question meets or exceeds standards Total X points Only programs meeting at least 75% of the required elements below will be recognized by the State and Oregon Council on Healthcare Interpreters as Oregon’s recommended training programs.</p>
<p>Message conversion: A basic program of study gives the student opportunities to practice converting messages accurately and completely from a source language to a target language and includes the following components. (Must include all.)</p>	<p>Message conversion skills and discourse analysis</p>		
	<p>Clear and understandable speech delivery</p>		
	<p>Target language equivalence (e.g., figurative language, expletives, idioms, and colloquialisms)</p>		
	<p>Ability to identify differences in meaning due to regional dialects</p>		
	<p>Ability to maintain and change register at varying levels of formality</p>		
	<p>Memory skills (e.g., chunking, prediction, visualization, note-taking, and active listening)</p>		
	<p>Self monitoring and self-assessment</p>		

<p>Modes of interpreting: A basic program of study demonstrates and gives the student practice in the various modes of interpreting. It focuses on developing consecutive interpreting skills as the default mode used in healthcare interpreting. (Must include all.)</p>	Consecutive		
	Simultaneous (exposure to)		
	Sight translation		
	Basic written translation		
Cultural Competency	Overview of culture—what it is and how it impacts health and health care		
III Assessment			
Criteria for successful completion of the course or program are stated in syllabus (for example: attendance, participation, pass a test, complete a practicum, provide a portfolio or report, etc.)			
Methods of student assessment (must include both types)	Formative (throughout the course or program)		
	Summative (at the end of the course or program) assessment that highlights core knowledge		
IV Instructional Strategies			
How is the information presented to the learner?	Lectures using visual aids (R)		
How does the learner get to interact with	Readings, references, and links to online resources (R)		

<p>the material? Active (A) Receptive (R) Must have at least two Active and two Receptive methods (to accommodate multiple learning styles)</p>	Guest presenters, such as practitioners or working interpreters or those who hire interpreters (R)		
	Opportunities for interaction and class discussion (A)		
	Student presentations (A)		
	Instructor modeling of effective practice (R)		
	Video, film, and vignettes to demonstrate real practice (R)		
	Storytelling, providing real world situations (R/A)		
	Case studies (R/A)		
	Role plays (A)		
	Small group discussions (A)		
	Games or simulations (A)		
	Other (circle R or A)		

Section 5: Signature

Please read all of the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

I understand that if training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.

I understand that OHA may conduct site visits of training programs, either prior to approving a training program or at any time during the approval period.

I understand that the organization must apply to renew its approval status every three years, and that the renewal application must be submitted at least 6 months prior of the date of approval expiration.

I shall advise OHA of any changes to the organization contact information and/or changes to the curriculum within 30 days of such changes.

I understand that during the training program approval period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy.

I agree to include OHA contact information for questions, comments or concerns about the HCI Program on all student materials and advertising for the program.

I agree to issue a letter of completion to students following successful completion of the training program.

I agree to verify the names of successful training program graduates to OHA when those individuals apply for certification and registry enrollment, without imposing additional costs on the individuals.

I agree to abide by the rules regarding the training and certification of health care interpreters.

I certify that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand providing false, incomplete or misleading information may result in the denial of the application or revocation of training program approval.

Printed Name: _____

Signature

Date