

## Health Care Interpreter Application

Complete this application if this is the first time you are applying for entry into the registry or your window to renew has expired and you need to start a new application. You can get this document in other languages, large print, braille, or a format you prefer. Contact the Health Care Interpreter (HCI) Program at [HCI.Program@odhsoha.oregon.gov](mailto:HCI.Program@odhsoha.oregon.gov) or 971-673-3378. We accept all relay calls, or you can dial 711.

Please type or clearly print, send complete application and all supporting documentation to: Health Care Interpreter Program by:

- Email at [HCI.Program@odhsoha.oregon.gov](mailto:HCI.Program@odhsoha.oregon.gov)
- Or fax: 971-673-1128
- Or mail to:
- Health Care Interpreter Program  
OHA Office of Equity and Inclusion  
421 SW Oak St, Suite 750  
Portland, OR 97204

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

***(Certification is optional)***

- *Qualified* — most HCIs are in this category
- *Certified* — in spoken languages requires passing national oral and written exams; only applies to specific languages: Arabic, Cantonese, Korean, Mandarin, Russian, Spanish, Vietnamese. You may also be Certified in Sign Language. If you want to be qualified or certified as an HCI, you must submit a **complete** application and all necessary documents to the Oregon Health Authority (OHA), Office of Equity and Inclusion (OEI) using the methods indicated above.

See Oregon Health Care Interpreter Program Requirements for a complete checklist:

<https://sharesystems.dhsoha.state.or.us/DHSForms/Served/oe8923.pdf>

See Program Requirements for Speakers of Languages of Lesser Diffusion (LLD) and Non-English language here: <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/LE108756.pdf>

See Program Requirements for Speakers of Languages of Lesser Diffusion (LLD) and English language here: <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/oe108783.pdf>

**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 (Exceptions for LLD, see above.)
- Are not on the Medicaid exclusion list: <http://exclusions.oig.hhs.gov/>
- Have finished all required HCI training (*must be through an OHA-approved training program or equivalent*)
- Meet all requirements on the Program Requirements checklist:  
<https://sharesystems.dhsoha.state.or.us/DHSForms/Served/oe8923.pdf>

**You must also submit:**

- A clear copy of a driver’s license, state-issued ID card, or passport
- A copy of your training certificate(s)
- 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 (see [checklist](#))

Additional requirement for certification: **(Certification is optional)**

- 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 qualification or certification as an HCI after confirming you have met all requirements. OHA will add your name and contact information as you provided to the registry of certified or qualified HCIs.

**Section 1: Applicant information**

| 1.1 Application type  |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> <b>Certified health care interpreter</b> — Only choose this option if you speak at least one of the following languages: <b>Arabic, Cantonese, Korean, Mandarin, Russian, Spanish, Vietnamese, or Sign language (certification is no longer required it’s optional).</b> |   |  |   |
| <input type="checkbox"/> Arabic ( <i>specify</i> ):   | <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Korean                                  |   |
| <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Russian  | <input type="checkbox"/> Sign language ( <i>specify</i> ): _____ |   |
| <input type="checkbox"/> Spanish ( <i>specify</i> ):  | <input type="checkbox"/> Vietnamese ( <i>specify</i> ): _____             |  |   |
| <input type="checkbox"/> <b>Qualified health care interpreter</b>   |   |  |   |
| Select language: that you are requesting qualification for:   |   |  |   |
| <input type="checkbox"/> African Languages ( <i>specify</i> ):  | <input type="checkbox"/> Arabic ( <i>specify</i> ):                       | <input type="checkbox"/> Chuukese                                |   |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Chinese ( <i>specify</i> ):                      | _____  |   |
| <input type="checkbox"/> English  | <input type="checkbox"/> French   | <input type="checkbox"/> German                                  |   |
| <input type="checkbox"/> Guatemalan Indigenous Languages ( <i>specify</i> ):  | <input type="checkbox"/> Hindi  |  | <input type="checkbox"/> Italian                              |
| <input type="checkbox"/> Hmong  | <input type="checkbox"/> Indic ( <i>specify</i> ):                        | <input type="checkbox"/> Mandarin                                |   |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Korean   | <input type="checkbox"/> Lao                                     | <input type="checkbox"/> Romanian                             |
| <input type="checkbox"/> Marshallese  | <input type="checkbox"/> Mexican Indigenous Languages ( <i>specify</i> ): |  | <input type="checkbox"/> Spanish ( <i>specify</i> ): _____    |
| <input type="checkbox"/> Mien   | <input type="checkbox"/> Mon-Khmer, Cambodian                             | <input type="checkbox"/> Persian                                 | <input type="checkbox"/> Swahili                              |
| <input type="checkbox"/> Russian  | <input type="checkbox"/> Scandinavian ( <i>specify</i> ):                 |  | <input type="checkbox"/> Urdu                                 |
| <input type="checkbox"/> Sign language ( <i>specify</i> ):  | <input type="checkbox"/> Slavic ( <i>specify</i> ):                       |  | _____   |
| <input type="checkbox"/> Somali   | <input type="checkbox"/> Spanish ( <i>specify</i> ):                      | _____  |   |
| <input type="checkbox"/> Tagalog  | <input type="checkbox"/> Thai   | <input type="checkbox"/> Ukrainian                               | <input type="checkbox"/> Vietnamese ( <i>specify</i> ): _____ |
| <input type="checkbox"/> Vietnamese ( <i>specify</i> ):   | <input type="checkbox"/> Other ( <i>specify</i> ): _____                  |  |   |
| 1.2 Applicant contact information: *Required fields   |   |  |   |
| *First name:  | Middle name:  | *Last name:  |   |
| *Mailing address:   |   | *Date of birth:  |   |
| *City:  | *State:   | *County:   | *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"/> Name  | <input type="checkbox"/> Email Address | <input type="checkbox"/> Phone Number | <input type="checkbox"/> Mailing Address | <input type="checkbox"/> None |

| <b>1.3. Geographic availability:</b> Where are you willing to work? <i>(Choose as many locations as desired.)</i>  |  |  |  |
|--|--|--|--|
| Region 1   | Region 2   | Region 3   | Region 5   |
| <input type="checkbox"/> Clackamas<br><input type="checkbox"/> Clatsop<br><input type="checkbox"/> Columbia<br><input type="checkbox"/> Multnomah<br><input type="checkbox"/> Tillamook<br><input type="checkbox"/> Washington | <input type="checkbox"/> Benton<br><input type="checkbox"/> Lincoln<br><input type="checkbox"/> Linn<br><input type="checkbox"/> Marion<br><input type="checkbox"/> Polk<br><input type="checkbox"/> Yamhill   | <input type="checkbox"/> Lane<br><input type="checkbox"/> Douglas<br><input type="checkbox"/> Coos<br><input type="checkbox"/> Curry   | <input type="checkbox"/> Jackson<br><input type="checkbox"/> Josephine |
| Region 6   | Region 7   | Region 8   |  |
| <input type="checkbox"/> Hood River<br><input type="checkbox"/> Gilliam<br><input type="checkbox"/> Sherman<br><input type="checkbox"/> Wasco  | <input type="checkbox"/> Crook<br><input type="checkbox"/> Deschutes<br><input type="checkbox"/> Grant<br><input type="checkbox"/> Harney<br><input type="checkbox"/> Jefferson<br><input type="checkbox"/> Klamath<br><input type="checkbox"/> Lake<br><input type="checkbox"/> Wheeler | <input type="checkbox"/> Baker<br><input type="checkbox"/> Malheur<br><input type="checkbox"/> Morrow<br><input type="checkbox"/> Umatilla<br><input type="checkbox"/> Union<br><input type="checkbox"/> Wallowa |  |

| <b>1.4 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"/> 7 a.m.–3 p.m.                       | <input type="checkbox"/> 3 p.m.–11 p.m. | <input type="checkbox"/> 11 p.m.–7 a.m. |                                    |                                   |                                 |                                   |
| <input type="checkbox"/> Morning                             | <input type="checkbox"/> Evening        |   |                                    |                                   |                                 |                                   |
| <input type="checkbox"/> Full-Time                           | <input type="checkbox"/> Part-Time      | <input type="checkbox"/> Temporary      |                                    |                                   |                                 |                                   |

## Section 2: Languages

| <b>2.1 Language(s)</b>  |
|---|
| In what language do you want us to speak with you?  |
| In what language do you want us to write to you?  |
| Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Do you need an interpreter because you are deaf, hard of hearing, or deaf-blind? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| If yes, which type of interpretation (American Sign Language, video remote interpreting (VRI), tactile interpreting, etc.)?                                   |
| Do you need written materials in an alternate (Braille, large print, audio recordings, etc.) format? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, which format?   |

How well do you speak English?

Do not know  Very well  Well  Not well  Not at all

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

African Languages (*specify*):

Arabic (*specify*):

Cantonese

Chinese (*specify*):

Chuukese

English

French

German

Guatemalan Indigenous Languages (*specify*):

Hindi

Hmong

Indic (*specify*):

Italian

Japanese

Korean

Lao

Mandarin

Marshallese

Mexican Indigenous Languages (*specify*):

Mien

Mon-Khmer, Cambodian

Persian

Romanian

Russian

Scandinavian (*specify*):

Sign language (*specify*):

Slavic (*specify*):

Somali

Spanish (*specify*):

Swahili

Tagalog

Thai

Urdu

Ukrainian

Vietnamese

Other (*specify*):

**Section 3: Optional - Demographic and availability information**

**3.1 Optional questions: 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:

**3.2 Optional questions continued: Gender, sexual orientation and disability**

**Gender**

Male                       Female                       Transgender                       Other (*specify*):

Decline to answer

**Sexual orientation**

Gay or lesbian                       Straight, not gay or lesbian                       Bisexual                       Queer

Something else (*specify*):

Decline to answer

**3.3 Optional questions continued: 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?

## Section 4: Language proficiency & qualifications

### 4.1 Target language proficiencies

You must have one of the following for proficiency for certified or qualified Health Care Interpreter:

Degree from a higher education institution where instruction is primarily in non-English language

Graduation from high school where instruction is primarily in non-English language

Pass Proficiency test in Non-English language within the last 4 years

Registry of Interpreters for the Deaf (RID) Certification

Certification from other Authority-approved Signed Language Certification and Testing Body

Sign Language Proficiency Interview - advanced or above

Sign Language Proficiency Test - Level 4 or advanced

Alternate proof of target language proficiency - including for relay, signed language or languages of lesser diffusion

Equivalent proof of Sign Language Proficiency

Other proof of Signed Language Proficiency

Other proof of Spoken Language Proficiency

### 4.2 English language proficiencies

You must have one of the following for English proficiency:

Degree from a higher education institution where instruction is primarily in English language

Graduation from high school where instruction is primarily in English language

Pass Proficiency test in English language within the last 4 years

Relay Interpreter - Proficiency in English not required

Alternate proof of English language proficiency - including for signed language or languages of lesser diffusion

### 4.3 Qualifications

Driver's License or Passport or Government Issued ID

GED Exception for Language of Lesser Diffusion

GED, High School Diploma or Higher Degree

GED, High School Diploma or Higher Degree from another country

Current Certification from an approved national testing center

#### 4.4 Training Information

Detail completed trainings below:

##### Training 1 – Select type of training:

20 hours training – Claiming 40 hours credit (Educator/Teacher) (add work experience in section 4.5)

60 hours - HCI Approved Training

60 hours training more than a year ago (worked 2-years since previous training, add work experience in section 4.5)

Equivalent Training

Other OHA Approved Training

Other HCI training program not yet approved by OHA

Training organization:

Training name:

City:

State:

Start date:

Completion date:

Total hours:

##### Training 2 – Select type of training:

20 hours training – Claiming 40 hours credit (Educator/Teacher) (add work experience in section 4.5)

60 hours - HCI Approved Training

60 hours training more than a year ago (worked 2-years since previous training, add work experience in section 4.5)

Equivalent Training

Other OHA Approved Training

Other HCI training program not yet approved by OHA

Training organization:

Training name:

City:

State:

Start date:

Completion date:

Total hours:

##### Training 3 – Select type of training:

20 hours training – Claiming 40 hours credit (Educator/Teacher) (add work experience in section 4.5)

60 hours – HCI Approved Training

60 hours training more than a year ago (worked 2-years since previous training, add work experience in section 4.5)

Equivalent Training

Other OHA Approved Training

Other HCI training program not yet approved by OHA

Training organization:

Training name:

City:

State:

|  |                       |
|--|-----------------------|
| Start date:  | Completion date:      |
| Total hours:   |                       |
| <b>4.5 Work Experience:</b>  |                       |
| Enter your work experience if you claimed 40 hrs training credit or 60 hrs training more than 1 year ago in section 4.4. |                       |
| <b>Work experience 1:</b>  |                       |
| Organization:  | Title:                |
| Contact person name:   | Contact person email: |
| Contact person phone number:   | Total hours worked:   |
| Start date:  | End date:             |
| Job description:   |                       |
| <b>Work experience 2:</b>  |                       |
| Organization:  | Title:                |
| Contact person name:   | Contact person email: |
| Contact person phone number:   | Total hours worked:   |
| Start date:  | End date:             |
| Job description:   |                       |
| <b>Work experience 3:</b>  |                       |
| Organization:  | Title:                |
| Contact person name:   | Contact person email: |
| Contact person phone number:   | Total hours worked:   |
| Start date:  | End date:             |
| Job description:   |                       |

### Section 5: 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 sent to:**

- HCI Program at [HCI.Program@odhsoha.oregon.gov](mailto:HCI.Program@odhsoha.oregon.gov)
- Or fax: 971-673-1128
- Or mail to:  
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 971-673-3378 (711 for TTY) or email [HCI.Program@odhsoha.oregon.gov](mailto:HCI.Program@odhsoha.oregon.gov)