

# Health Care Interpreter Renewal Application



You can get this document in other languages, large print, braille or a format you prefer free of charge. 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.

Please type or clearly print. **Complete and send all the following information by email to:** [hci.program@odhsoha.oregon.gov](mailto:hci.program@odhsoha.oregon.gov) (Email is the preferred method) or mail or fax to:

Health Care Interpreter Program  
Oregon Health Authority Equity and Inclusion Division  
421 SW Oak St, Suite 750  
Portland, OR 97204  
or fax 971-673-1128

*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 is **no longer required but is optional** for renewing qualified credentials in these spoken languages).*
- *If you are currently qualified and renewing to be certified (spoken language), please include the national certification required for certified HCI language credential.*
- *For Sign Language interpreters, please review the [Health Licensing Office page](#) for licensing requirements.*
- *If renewing for the first time as [Sign Language](#) HCI, include certification of completion of an [OHA approved 60-hour](#) health care interpreter training course. All renewing Sign Language HCIs will be credentialed as certified in the Oregon HCI registry.*

Please submit a completed application and all necessary documents to [renew](#) your qualified or certified credential.

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

- Are at least 18 years of age
- Are not on the [Medicaid exclusion list](#)
- Are a currently qualified or certified HCI (see [950-050-0120](#) for expiration guidelines)
- Have completed 24-hours of continuing education (must be through an OHA- recognized CEU program or equivalent; [submit this form](#) with the certificates of completion). [See Renewal Page](#) (see [950-050-0090](#) for Continuing Education)

**You must also submit these when you seek [renewal](#) of HCI qualification or certification:**

- A clear copy of your current driver license, government-issued ID, or passport
- Copies of your continuing education certificates. Continuing education must take place during the 4-year credential period.
- OHA will notify you via email about the status of your application after confirming you meet all requirements.
- OHA will update your information on the HCI registry when the application process is complete, and a renewal letter is issued via email.

**Section 1: Applicant information**

<b>1.1 Renewal application type (Qualified or Certified. Choose one)</b>			
<input type="checkbox"/> <b>Renewal Qualified HCI</b>			
<b><i>Check all that apply and attach documentation:</i></b>			
<input type="checkbox"/> Completed 24 hours of Continuing Education (CEU) from an OHA recognized CEU program or equivalent. The breakdown of CEU requirements is: <ul style="list-style-type: none"> <li>• 6 hours of health care interpreter ethics</li> <li>• 6 hours of interpretation skills</li> <li>• 12 hours on any topics accepted by interpreter certification organizations</li> </ul>			
<input type="checkbox"/> Acquired your CEU during the four years of your HCI qualification			
<input type="checkbox"/> I am not counting part of my 60 hours HCI training as CEU.			
<input type="checkbox"/> Are you a qualified interpreter in any of the certifiable languages by Certification Commission for Health Care Interpreters (CCHI) or the National Board of Certification for Medical Interpreters (NBCMI)? If yes, please list language(s):			
Did you pass the oral certification exam? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes</b> , please attach a copy of your certificate in addition to the other application requirements.			
<input type="checkbox"/> <b>Renew Certified</b>			
<b><i>Check all that apply and attach documentation:</i></b>			
<input type="checkbox"/> Completed 24 hours of Continuing Education (CEU) from an OHA recognized CEU program or equivalent. The breakdown of CEU requirements is: <ul style="list-style-type: none"> <li>• 6 hours of health care interpreter ethics.</li> <li>• 6 hours of interpretation skills.</li> <li>• 12 hours on any topics accepted by interpreter certification organizations.</li> </ul>			
<input type="checkbox"/> Acquired your CEU during the four years of your HCI certification			
<input type="checkbox"/> I am not counting part of my 60 hours HCI training as CEU			
<b>1.2 Applicant contact information: *Required fields</b>			
*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 “name” to indicate release of name only, with no release of contact information. Checking “none” means no information, not even your name, will be on the public registry.			
<input type="checkbox"/> Name	<input type="checkbox"/> Email Address	<input type="checkbox"/> Phone Number	<input type="checkbox"/> Mailing Address <input type="checkbox"/> None

**1.3. Geographic availability:** Where are you willing to work? (Choose as many locations as desired.)

Region 1	Region 2	Region 3	Region 5
<input type="checkbox"/> Clackamas <input type="checkbox"/> Clatsop <input type="checkbox"/> Columbia <input type="checkbox"/> Multnomah <input type="checkbox"/> Tillamook <input type="checkbox"/> Washington	<input type="checkbox"/> Benton <input type="checkbox"/> Lincoln <input type="checkbox"/> Linn <input type="checkbox"/> Marion <input type="checkbox"/> Polk <input type="checkbox"/> Yamhill	<input type="checkbox"/> Lane <input type="checkbox"/> Douglas <input type="checkbox"/> Coos <input type="checkbox"/> Curry	<input type="checkbox"/> Jackson <input type="checkbox"/> Josephine
Region 6	Region 7	Region 8	
<input type="checkbox"/> Hood River <input type="checkbox"/> Gilliam <input type="checkbox"/> Sherman <input type="checkbox"/> Wasco	<input type="checkbox"/> Crook <input type="checkbox"/> Deschutes <input type="checkbox"/> Grant <input type="checkbox"/> Harney <input type="checkbox"/> Jefferson <input type="checkbox"/> Klamath <input type="checkbox"/> Lake <input type="checkbox"/> Wheeler	<input type="checkbox"/> Baker <input type="checkbox"/> Malheur <input type="checkbox"/> Morrow <input type="checkbox"/> Umatilla <input type="checkbox"/> Union <input type="checkbox"/> Wallowa	

**1.4 Work schedule availability:**

**Days available:** (Check all that apply.)

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

**Hours of availability:** (Check all that apply.)

7 a.m.–3 p.m.                       3 p.m.–11 p.m.                       11 p.m.–7 a.m.

Morning                                       Evening

Full-Time                                       Part-Time                                       Temporary

**Section 2: Language**

**2.1 Language(s)**

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?  Yes    No

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.)?

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

Yes    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:**

<input type="checkbox"/> African languages ( <i>specify</i> ):	<input type="checkbox"/> Arabic ( <i>specify</i> ):		
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Chinese ( <i>specify</i> ):	<input type="checkbox"/> Chuukese	
<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"/> Hmong	<input type="checkbox"/> Indic ( <i>specify</i> ):	<input type="checkbox"/> Italian	
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Lao	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Marshallese	<input type="checkbox"/> Mexican Indigenous Languages ( <i>specify</i> ):		
<input type="checkbox"/> Mien	<input type="checkbox"/> Mon-Khmer, Cambodian	<input type="checkbox"/> Persian	<input type="checkbox"/> Romanian
<input type="checkbox"/> Russian	<input type="checkbox"/> Scandinavian ( <i>specify</i> ):		
<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"/> Swahili	
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Thai	<input type="checkbox"/> Urdu	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other ( <i>specify</i> ):		

**Section 3: Continuing education**

Please use the [Continuing Education Units \(CEU\) form](#) to complete the information for each CEU taken and attach the completed form to your renewal application. Use one row per CEU course, indicating name of organization, name of CEU, the date taken, and the number of CEUs per course. Please submit the completed form and copies of completed CEU certificates, together with your renewal application.

[See the renewal page](#) for additional information.

## Section 4: Code of ethics and signature

This section is <b>mandatory</b> for <b>all</b> new and renewing applicants.	
Please read the following statements carefully and indicate that you understand and accept by signing or typing your name in the space provided.	
I have read the <a href="#">National Code of Ethics and Standards of Practice for Health Care Interpreters</a> (from the National Council on Interpreting in Health Care), which are available on the <a href="#">Health Care Interpreters Program website</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 emailed to:**

[hci.program@odhsoha.oregon.gov](mailto:hci.program@odhsoha.oregon.gov)

or mailed to:

OHA/Equity and Inclusion Division

**Attn: Health Care Interpreter Program**

421 SW Oak St, Suite 750

Portland, OR 97204

Or faxed to: 971-673-1128

**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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