Application to be an Interpreter of Language of Lesser Diffusion (LLD)*

Alternate Proof of Language Proficiency

This alternate proof of language proficiency form is for interpreters who:

- Apply for the Oregon Health Authority (OHA) health care interpreter (HCI) qualification, and
- Interpret for a language that has no formal proficiency test.

The HCI web page has more about how to meet HCI requirements.

Complete this form for each language that does not have a formal language proficiency test. Submit this form when you submit your HCI application. You can apply directly through the Health Workforce Registry Applicant Portal.

Your full name: _____ Date: _____

The following is about the language for which you want to be an HCI.

What is the language or dialect for which you do not have a language proficiency test? _____

What is the name of the town, city, province or country where the language is spoken? _____

* A language of lesser diffusion (LLD) may be the national language of a small country from which a local population has emigrated, may be spoken by a small ethnic minority, such as a refugee population, or may be spoken by an indigenous group. Source: Gany F, González CJ, Schutzman EZ, Pelto DJ. 9.Engaging the community to develop solutions for languages of lesser diffusion. In: Jacobs EA, Diamond LC, editors. Providing Health Care in the Context of Language Barriers. Bristol, Blue Ridge Summit: Multilingual Matters; 2017. p. 149–69. Available from: https://www.degruyter.com/document/doi/10.21832/9781783097777-011

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What are some details about your interpreting experience with the language you listed above? Include:

- What is your experience in interpreting?
- How long have you been interpreting?
- What other details would you like the HCI Program to know about your interpreting experience?

_____

_____

_____

_____

_____

What other training or credentials do you have in that language? If none, check this box ☐

_____

_____

_____

_____

_____

List below the full name, email and phone number of two to three references familiar with your proficiency and interpreting experience in the language. These can include community leaders, elders or others who can attest to your language proficiency.

Reference 1

Full name: _____ Phone number: _____

Email address: _____

State your relationship to the applicant (for example, community elder, pastor or other connection to you): _____

Reference 2

Full name: _____ Phone number: _____

Email address: _____

State your relationship to the applicant (for example, community elder, pastor or other connection to you): _____

Reference 3

Full name: _____ Phone number: _____

Email address: _____

State your relationship to the applicant (for example, community elder, pastor or other connection to you): _____

Applicant signature: _____

If you type your full name, it can be accepted as your signature.

If you have any questions about what to include in this form, reach out to HCI Program at HCI.Program@odhsoha.oregon.gov.

OHA will consider this part of the application on a case-by-case basis. OHA may ask you for more information.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Care Interpreter Program, Equity and Inclusion Division, at 971-673-3378 or email at HCI.Program@odhsoha.oregon.gov. We accept all relay calls.

Equity and Inclusion Division
Health Care Interpreter Program
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