

Health Care Interpreter Application for Sign Language Health Care Interpreters

Complete this application if this is the first time you are applying to be a qualified or certified Health Care Interpreter (HCI) for Sign Language (SL), or if 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 HCI Program at HCI.Program@odhsoha.oregon.gov or 971-673-3378. We accept all relay calls. See the [Health Licensing office](#) for licensing requirements.

Please apply directly through the [Oregon Workforce Registry Portal](#) — this is the preferred method.

Otherwise, complete and send all the following information by email to:
HCI.Program@odhsoha.oregon.gov.

Applicants may mail or fax applications 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 include the following credential types:

(Certification is optional)

- Qualified* — Most first-time HCIs are in this category.
- Certified — Applicants may also be Certified in Sign Language. Proof of 60-hour [OHA approved HCI training](#) is required.

*Please note, to renew, current qualified Sign Language applicants must show completion of the 60-hour training, along with other renewal requirements.

See [Requirements for Signed Language Health Care Interpreters](#) for a complete checklist.

Complete this form if you meet all the following requirements

You:

- Are at least 18 years of age
- Have a high school diploma, GED, or higher
- Are not on the Medicaid exclusion list: <http://exclusions.oig.hhs.gov/>
- Meet all Requirements for Signed Language Health Care Interpreters

Note: By first renewal, qualified Sign Language interpreters must complete a 60-hour OHA-approved health care interpreter training program, along with other renewing requirements.

See the [Health Licensing office](#) for licensing requirements

You must also submit:

- A clear copy of a driver's license, valid government-issued ID, or passport
- High school diploma or proof of GED or higher education degree
- A copy of your current RID certification
- Proof of language proficiency: The American Sign Language Proficiency Interview (ASLPI) with a minimum proficiency level of 4 or the Sign Language Proficiency Interview (SLPI: ASL) with a minimum proficiency level of advanced.
- A completed application (if not applying online)

Additional requirement for certification

Completion of OHA approved 60-hour HCI training (Certification is optional for first-time SL HCI applicants; mandatory upon first renewal).

Completing the process

OHA will send email notification of your HCI qualification or certification, after confirming you have met all requirements. Notice will be sent to the email address on the application. OHA will add your name and contact information to the Oregon HCI registry, as it appears in section 1.2.

Section 1: Applicant information

1.1 Application type (certified or qualified, choose one)

Certified Sign Language health care interpreter — only choose this option if you have completed an approved 60-hour training

Qualified Sign Language health care interpreter

1.2 Applicant contact information: *required fields

First name*: _____ M.I.: _____

Last name*: _____

Mailing Address*: _____

City*: _____ State*: _____ County*: _____

Zip*: _____ Preferred contact number*: _____

Date of birth*: _____ Email*: _____

Make the following information available on the HCI Registry:

Check all that apply. If you check “none”, your name will not appear on the public registry.

Name	Email address	Phone number
Mailing address	None	

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

<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>	<u>Region 4</u>
Clackamas	Benton	Lane	Jackson
Clatsop	Lincoln	Douglas	Josephine
Columbia	Linn	Coos	
Multnomah	Marion	Curry	
Tillamook	Polk		
Washington	Yamhill		
<u>Region 6</u>	<u>Region 7</u>	<u>Region 8</u>	
Hood River	Crook	Baker	
Gilliam	Deschutes	Malheur	
Sherman	Grant	Morrow	
Wasco	Harney	Umatilla	
	Jefferson	Union	
	Klamath	Wallowa	
	Lake		
	Wheeler		

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	

Employment type: (Check all that apply.)

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 DeafBlind? 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 format (Braille, large print, audio recordings, etc.)? Yes No

If yes, which format or formats? _____

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 languages (specify): _____

Cantonese Chinese languages (specify): _____

Chuukese English French German

Guatemalan Indigenous languages (specify): _____

Hindi Hmong

Indic languages (specify): _____

Italian Japanese Korean Lao

Mandarin Marshallese

Mexican Indigenous languages (specify): _____

Mien Mon-Khmer, Cambodian Persian Romanian

Russian Scandinavian languages (specify): _____

Sign Language (specify): _____

Slavic languages (specify): _____

Somali Spanish languages (specify): _____

Swahili Tagalog Thai Urdu

Ukrainian Vietnamese

Other languages (specify): _____

Section 3: Demographic information (optional)

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/a (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 or Unknown Other (please list): _____

Decline or Don't want to answer

If you selected more than one racial or ethnic identity above, please **choose 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 and sexual orientation

Gender

Male

Female

Non-binary

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 (you must select “decline to answer” if you wish not to respond to this section)

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 and qualifications

4.1 Sign Language proficiency

You must have current RID certification and proof of passing one of the two Sign Language proficiency tests. Please check the RID box and select which proficiency test you are submitting.

Current Registry of Interpreters for the Deaf (RID) Certification

Sign Language Proficiency Interview (SLPI: ASL) — advanced or above, within the last 4 years, or

American Sign Language proficiency interview (ASLPI) — Level 4 or above, within the last 4 years

4.2 English language proficiencies

You must have one of the following for English proficiency:

Bachelor, masters, doctorate or any other degree from any U.S. institution of higher education

Graduation from high school or GED in an English language speaking country where English is the primary language of instruction

Graduation from a higher education institution abroad where English is the primary language of instruction

Pass proficiency test in English language within the last 4 years

Relay interpreter — proficiency in English not required

4.3 Qualifications

Driver's license or passport or government issued ID

GED, high school diploma or higher degree

GED, high school diploma or higher degree from another country

4.4 Training information

Detail completed trainings below:

Training — Select type of training: 60-hour training is not required for first-time applicants applying to be qualified Sign Language (SL) HCI. It is mandatory for applicants applying to be certified SL HCI.

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 two years since previous training, add work experience in section 4.5)

Training organization: _____

Training name: _____

City: _____ State: _____

Start date: _____ Completion date: _____

Total hours: _____

4.5 Work experience:

Enter your work experience if you claimed 40 hours training credit or 60 hours training more than one year ago in section 4.4.

Work experience 1:

Organization: _____ Title: _____

Contact person name: _____

Contact person email: _____

Contact person phone number: _____ Total hours worked: _____

Start date: _____ End date: _____

Job description:

Work experience 2:

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 mandatory for all new and renewal applicants.

Please read the following statements carefully and indicate that you understand and accept by signing in the space provided. (Using an electronic signature or typing your full name are also acceptable).

I have read the National Code of Ethics and Standards of Practice for Health Care Interpreters (from the National Council on Interpreting in Health Care), which are available on the Health Care Interpreters Program website. 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: _____

Please apply directly through the Oregon Workforce Registry Portal — this is the preferred method.

Otherwise, complete and send all the following information by email to:

HCI.Program@odhsoha.oregon.gov.

Applicants may mail or fax applications 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

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 free of charge. Contact the Health Care Interpreter Program at hci.program@odhsoha.oregon.gov or 971-673-3378. We accept all relay calls.



Equity and Inclusion Division

Health Care Interpreter Program

421 SW Oak St, Suite 750

Portland, OR 97204

HCI.Program@odhsoha.oregon.gov

200-611346 (08/2024)