
Health Care Interpreter (HCI) Committee Application Form

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English. To request this publication in another format or language, contact hci.program@state.or.us.

Oregon Council of Health Care Interpreters

The Oregon Council on Health Care Interpreters advises and makes recommendations to the Oregon Health Authority in the laws, administrative rules, or any provisions that pertain to health care interpreters in Oregon. Twenty five members are appointed by the Governor to serve on the Oregon Council on Health Care Interpreters.

Health Care Interpreter Committees

There are two committees of the Oregon Council on Health Care Interpreters: the Education and Training Committee and the Legislative and Policy Committee. *All committees are required to have one council member. Subject matter experts of the HCI community can sit on committees without being a part of the Council.*

Anyone interested in volunteering for a HCI Committee, must complete this application and return it via e-mail or postal mail to:

Health Care Interpreter Program
OHA Office of Equity and Inclusion
421 SW Oak St. Suite 750
Portland, Oregon 97204
Email: hci.program@state.or.us; or Fax: 971-673-1128.

Section 1: Basic Information

1.1 Application Type: (Please check all that apply to you)

- Health Care Interpreter
- Health Care Provider
 - Physician
 - PA, NP, RN, LVN
 - Medical Assistant
- Governmental Agency
 - Local Agency
 - State Agency
- Workforce Development
 - Community College/University
 - Train Health Care Interpreters
 - HCI Testing Organization
- Language Service Provider
- Community Advocate
- Coordinated Care Organization Member
- Community Based Organization:
_____ (Organization Name)
- Other _____

1.2 Applicant contact information:

First name: _____ Last name: _____ Date of birth: / /

Mailing address: _____

City _____ State _____ ZIP _____

Preferred Contact Number _____ Email _____

Section 2: Demographic and Availability Information

*This information is **optional**. Under federal and state law, this information cannot be used to discriminate against you. We will use this information to support equitable representation on the HCI Committees.*

2.1 Race and Ethnicity (check one):

- American Indian
- Alaska Native
- Canadian Inuit, Metis or First Nation
- Indigenous Mexican, Central American, or South American
- Hispanic or Latino Mexican
- Hispanic or Latino Central American
- Hispanic or Latino South American
- Other Hispanic or Latino:

- Chinese
- Vietnamese
- Korean
- Hmong
- Laotian
- Filipino/Filipina
- Japanese
- South Asian
- Asian Indian
- Other Asian:
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander:
- African American
- African
- Caribbean
- Other Black
- Western European
- Eastern European
- Slavic
- Middle Eastern
- Northern African
- Other White:
- Other:
- Unknown
- Decline to answer

2.2 Gender:

- Male Female Transgender Other: Decline to answer

2.3 Language(s) that you speak and write well including English:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> African Languages:
(Specify) _____ | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mien | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Indic:
(Specify) _____ | <input type="checkbox"/> Mon-Khmer, Cambodian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> Persian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Scandinavian:
(Specify) _____ | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Lao | <input type="checkbox"/> Slavic:
(Specify) _____ | <input type="checkbox"/> Signed Language:
(Specify) _____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other:
(Specify) _____ |

2.4 Geographic representation: Which counties are you willing to represent?

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
<input type="checkbox"/> Clatsop	<input type="checkbox"/> Clackamas	<input type="checkbox"/> Yamhill	<input type="checkbox"/> Coos	<input type="checkbox"/> Curry	<input type="checkbox"/> Hood River	<input type="checkbox"/> Crook	<input type="checkbox"/> Baker
<input type="checkbox"/> Columbia	<input type="checkbox"/> Multnomah	<input type="checkbox"/> Polk	<input type="checkbox"/> Douglas	<input type="checkbox"/> Jackson	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Harney
<input type="checkbox"/> Tillamook	<input type="checkbox"/> Washington	<input type="checkbox"/> Marion	<input type="checkbox"/> Lane	<input type="checkbox"/> Josephine	<input type="checkbox"/> Sherman	<input type="checkbox"/> Grant	<input type="checkbox"/> Malheur
		<input type="checkbox"/> Benton	<input type="checkbox"/> Linn		<input type="checkbox"/> Klamath	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Morrow
		<input type="checkbox"/> Lincoln				<input type="checkbox"/> Lake	<input type="checkbox"/> Umatilla
						<input type="checkbox"/> Wasco	<input type="checkbox"/> Union
						<input type="checkbox"/> Wheeler	<input type="checkbox"/> Wallowa

Section 3: Committee Selection, Certification Statement & Signature

3.1 HCI Committee Selection:

Criteria:

- Committee members must not have training program(s) up for review by OHA
- Meetings will be held monthly
- Meetings will include teleconference option
- Individuals can be a current HCI Council member or a future HCI Council member, as well as subject matter experts from the HCI community
- Individuals must have experience in coordinating health care interpreter services, directing policy, or working as a health care interpreter

Two HCI Committees have been established with a minimum of three (3) and maximum of five (5) positions available on each committee,

Please Check One

- Education and Training:** The Education and Training Committee reviews and recommends to the larger HCI Council: new training programs in health care interpreting, renewal of existing training programs in health care interpreting and continuing education requirements for the maintenance of qualification and certification of health care interpreters.
- Legislative and Policy:** The Legislative and Policy Committee examines and reviews the existing Oregon Revised Statutes and Oregon Administrative Rules pertaining to qualification and certification of health care interpreters with the goal of advising on improvement, propagation and implementation of the regulation and oversight provided by the Oregon Council on Health Care Interpreters.

3.2 Interest and Experience:

Please describe why you are interested in serving on a HCI Committee. (150 words max)

Please describe how your background and experience would support your work on a HCI Committee. This can include your experience as a Health Care Interpreter, as well as other assets, insight, and experience. (150 words max)

Experience: Please share your experience on advisory councils, committees, or workgroups.

Name of Council or Committee	Dates of Membership	Scope or focus of your participation

References: Please list two or three people who can provide information about your potential contributions to the HCI Committees.

Name	Title/Affiliation	Phone	Email

3.3 Certification Statement and Signature:

I certify that the statements made by me on this application are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Note: Completion of this application does not confirm membership on a HCI Committee.