



Office of Equity and Inclusion
Health Care Interpreter Program

Health Care Interpreter Application

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.

Please type or clearly print the completed form. Complete and send all the following information by mail with fee:

Health Care Interpreter Program
OHA Office of Equity and Inclusion
421 S.W. Oak St, Suite 750
Portland OR 97204
Email: hci.program@state.or.us; 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 specific languages: Arabic, Cantonese, Korean, Mandarin, Russian, Spanish, Vietnamese*

If you want to be qualified or certified as a HCI, you must submit a completed application and all necessary documents to the Oregon Health Authority (OHA), Office of Equity and Inclusion (OEI).

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;
- Are not on the Medicaid exclusion list; and
- Have finished all required HCI training. Your training must be through an OHA-approved training program.

You must also do these things when you seek a HCI qualification or certification. Submit:

- A clear copy of a driver's license, state-issued ID card or passport for your background check.
- A copy of your training certificate(s);
- Proof of 40 hours of interpreting experience;
- Proof of language proficiency; and
- A completed application.

Additional requirement for certification:

- Proof of 80 hours of interpreting experience; and
- Proof of passing the national oral and written HCI exam (CCHI or NBCMI)

Completing the process

If OHA confirms you have met all requirements, OHA will notify you in writing of your certification as a HCI. OHA will add your name and contact information to the registry of certified HCIs.

OHA Use Only

Section 1: Applicant Information

1.1 Application Type *(Check with ☒ or ☑.)*

- Qualified Healthcare Interpreter Registration \$50**
 - Training** (60 hours of formal health care interpreter training).
Check all that apply and attach documentation:
 - Successful completion of an Oregon-approved HCI Training Program (see attached list)
 - Other formal HCI training attached for review'
 - Language Proficiency** (in English and the language(s) in which you provide interpretation)
Check verification method and attach documentation
 - OHA Approved Language Proficiency Center Testing
 - Equivalent language proficiency documentation attached.
 - Work Experience** (40 hours of documented interpreting experience)*Attach employer letter specifying number of hours of work experience as a health care interpreter*

- *Certified Healthcare Interpreter Registration \$55 - Only choose this option if you speak the following languages: Arabic, Cantonese, Korean, Mandarin, Russian, Spanish, Vietnamese**
 - Training** (60 hours of formal health care interpreter training).
Check all that apply and attach documentation:
 - Successful completion of an Oregon-approved HCI Training Program (see attached list)
 - Other formal HCI training attached for review'
 - Work Experience** (80 hours of documented interpreting experience)
Attach employer letter specifying number of hours of work experience as a health care interpreter
 - Certification Testing.** (NCBMI or CCHI)
Attach documentation of passing certification exam

Make check payable to: OHA/OEI Health Care Interpreter Program

1.2 Application contact information

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

Mailing address _____

City _____ State _____ ZIP _____

Preferred Contact Number _____ Email _____

Make the following information available on the HCI Registry: Check all that apply, or “none” to indicate release of name only, with no release of contact information.

- Address
- Phone
- Email
- None

Section 2: Demographic and Availability Information

The following questions are **optional** and for the sole purpose of data collection. Information provided in the following sections will have no impact on certification.

A. Racial or Ethnic Identity

✓ Check ONE for PRIMARY racial/ethnic identity

Circle all that apply to your identity

1 = *American Indian/Alaska Native*

1.1 = American Indian

1.2 = Alaska Native

1.3 = Canadian Inuit, Metis or First Nation

2 = *Hispanic, Latino*

2.1 = Indigenous Mexican, Central American or South American

2.2 = Hispanic or Latino Mexican

2.3 = Hispanic or Latino Central American

2.4 = Hispanic or Latino South American

2.5 = Other Hispanic or Latino—specify

3 = *Asian*

3.1 = Chinese

3.2 = Vietnamese

3.3 = Korean

3.4 = Hmong

3.5 = Laotian

3.6 = Filipino/a

3.7 = Japanese

3.8 = South Asian

3.9 = Asian Indian

3.10 = Other Asian—specify

4 = *Pacific Islander*

4.1 = Native Hawaiian

4.2 = Guamanian or Chamorro

4.3 = Samoan

4.4 = Micronesian

4.5 = Tongan

4.6 = Other Pacific Islander—specify

5 = *African /African American/ Black*

5.1 = African American

5.2 = African

5.3 = Caribbean

5.4 = Other African/African

American/Black—specify

6 = *White*

6.1 = Western European

6.2 = Eastern European

6.3 = Slavic

6.4 = Middle Eastern

6.5 = Northern African

6.6 = Other White—specify

7. *Unknown*

8. Decline to answer

B. Gender Identity (Circle one)

B1 = Male

B2 = Female

B3 = Transgender

B4 = Something else—specify

C. Sexual Orientation (Circle one)

C1 = Gay or lesbian

C2 = Straight, not gay or lesbian

C3 = Bisexual

C4 = Queer

C5 = Something else—specify

D. Disability (Circle all that apply)

D1 = Deaf or serious difficulty hearing

D2 = Blind or serious difficulty seeing even when wearing glasses

D3 = Serious difficulty concentrating, remembering, understanding, or making decisions (due to a physical, mental, or emotional condition)

D4 = Serious difficulty walking or climbing stairs

D5 = Difficulty dressing or bathing

D6 = Difficulty doing errands alone (such as doctor's visits or shopping)

D7 = Something else—specify

2.3 Language(s) that you read and speak 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"/> Sign Language:
(Specify) _____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other:
(Specify) _____ |

2.4 Geographic availability Where are you willing to work? (Choose as many locations as desired. Check with or)

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

2.5 Work schedule availability:

Days available: (Check all that apply.)

- | | |
|-----------------------------------|------------------------------------|
| <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 | |

Hours of availability: (Check all that apply.)

- | | |
|----------------------------------|------------------------|
| <input type="checkbox"/> Day | 7:00 a.m. – 5:00 p.m. |
| <input type="checkbox"/> Evening | 5:00 p.m. – 12:00 a.m. |
| <input type="checkbox"/> Night | 12:00 a.m. – 7:00 a.m. |

Are you available to the public? (to provide services):

- Yes No

Section 3: Code of Ethics and Signature

This section is **mandatory** for **all** new and renewal applicants.

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

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 beyond 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 mailed with fee to:

OHA/Office of Equity and Inclusion
Attn: Health Equity Workforce Program
 421 SW Oak St, Suite 750
 Portland, OR 97204