



The ACTFL Language Testing Office

3 Barker Avenue, White Plains, NY 10601 • 914-963-7110 • Fax 914-963-7113

Dear Oregon State Healthcare Interpreters Candidate:

You have been instructed by the Oregon Healthcare Interpreters Certification Program to contact Language Testing International (LTI) in order to have your language proficiency assessed in English and/or the target language as part of the Qualification portion of OAR 333-002 for the State of Oregon. LTI is the testing office of the American Council on the Teaching of Foreign Languages (ACTFL)®.

The Oral Proficiency Interview (OPI)® is a telephonic conversation that will last approximately 30 minutes, with a Certified ACTFL Tester in the target language. The interview is digitally recorded for evaluation purposes.

You will receive a final rating certificate after the OPI, and your rating will automatically be delivered to the Oregon Healthcare Interpreters Certification Program.

The OPI is evaluated according to the *ACTFL Proficiency Guidelines - Speaking (Revised 1999)*, which is available for reference at http://www.languagetesting.com/actfl_guidelines_select.html. Candidates must score at the Advanced High or higher range in order to proceed with Oregon Certification. The Oregon Healthcare Interpreters Certification Program only receives the test rating; they do not receive any information regarding the contents of your conversation. You may apply online or via downloadable form, however we encourage you to submit the form online.

Before submitting your application, please be sure to:

- Provide an email address and telephone number where we will be able to reach you to confirm your test information.
- Include payment of \$130 per OPI with your application. No applications will be processed without payment.
- Include a completed proctor application with your test application. No applications will be processed without a proctor application.
- A separate fee will be charged by the Oregon Healthcare Interpreters Certification Program for the qualification portion of the rule. This payment shall be made directly to the Oregon Healthcare Interpreters Certification Program, and they will issue a letter of qualification that you have successfully passed for the language.
- Indicate two dates, with 3 hour ranges of time on each day, on which you will be available for the interview. These dates must be at least ten days after the date you will be submitting your application.
- Select the U.S. or international time zone where you plan to take the OPI.
- Once we receive your application, we will schedule your language proficiency test and send you a test confirmation via e-mail, which will include your test appointment time.
 - Your test access instructions will be sent to your proctor via e-mail. At the time of the test your proctor should be present and connect you to the tester.
- If for any reason you need to reschedule an appointment, please contact the LTI Coordinator immediately at 1-800-486-8444. If you miss an appointment without contacting our office one business day in advance, you will be charged a \$55.00 no-show/rescheduling fee. (All appointments rescheduled with a minimum of 1 business days notice, will be done so at no charge.)

If you have any questions about the tests, please contact us between 8:00 am and 5:00 pm Eastern Standard Time at 914-963-7110. We can also be reached via e-mail at testing@languagetesting.com.

Sincerely,

LTI





TEST TAKER AGREEMENT FORM

The ACTFL Oral Proficiency Interview (OPI)®, Writing Proficiency Test (WPT), Oral Proficiency Interview by computer (OPIc)®, and Advanced Level Checks are nationally recognized, standardized tests distributed by Language Testing International (LTI) for assessing oral or written proficiency according to the revised ACTFL Proficiency Guidelines. The test is administered/rated by a Certified ACTFL Tester or Rater. A recording of the interview and/or copy of the writing test will be used for the purpose of allowing two Certified ACTFL Testers or Raters to independently rate the candidate’s speaking or writing proficiency based on the descriptors of language proficiency in the ACTFL Proficiency Guidelines. You will not be rated on the factual accuracy of your opinions or suggestions.

I hereby acknowledge and agree that the purpose of this test is to evaluate my speaking and/or writing proficiency. I hereby give my consent to LTI to record and/or retain my spoken and/or written responses for this purpose and to release my rating(s) to the named party(s) on my application. I further acknowledge and consent that LTI, in their sole discretion, shall have the right to require me to take a retest at LTI’s expense if they determine that sufficient factors exist that call into question the accuracy of my test score.

I understand and agree that the recording of my interview and/or completed writing test become the exclusive property of LTI and that LTI will maintain it as strictly confidential. The content of the test will not be released to me or any other party under any circumstance, as the test questions and protocols are copyrighted materials and their release would compromise the validity of the test. I acknowledge that LTI will provide me with a published, standard ACTFL description of my rating from the Guidelines as part of the standard procedure and cost of testing. I also acknowledge that I have the option of purchasing a detailed, individual written report of my test results, developed by a certified ACTFL proficiency expert for an additional fee. If I have any questions about my rating, including any retest determined by LTI to be required, I agree to abide by LTI’s rating review process and/or my employer or school’s disclosure policy.

I agree that any use of my rating on this proficiency assessment shall be completely within the purview of my employer or any other party I have authorized to receive my rating. Accordingly, I shall have no legal rights against LTI for any decision made by my current employer, school or any other party I have authorized to receive my rating. I agree to hold LTI harmless against any claims of damages because of any such decisions made by others, whether based on my rating alone or in combination with any other factors.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____





ACTFL LANGUAGE PROFICIENCY ASSESSMENTS APPLICATION FOR OREGON HEALTHCARE INTERPRETERS

Complete and return this application with a signed Test Taker Agreement form and completed Proctor Responsibilities and Agreement form by mail or fax to the address listed above.

LAST NAME: _____ FIRST: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF UNIVERSITY YOU CURRENTLY ATTEND _____

LAST 4 DIGITS OF SOCIAL SECURITY # _____

PHONE: (DAY): _____ (EVENING): _____

E-MAIL ADDRESS: (REQUIRED) _____

1. **RETEST:** Is this your first time taking an ACTFL assessment in this language? (Circle one): **YES or NO**
(If this is a retest, please review the ACTFL Retest Policy on the LTI website)

2. **TYPE OF ASSESSMENT(S) NEEDED:** (Check from selections below)

ACTFL Oral Proficiency Interview (OPI), \$130

3. **CIRCLE LANGUAGE TO BE TESTED:** (**PLEASE SUBMIT ONE FORM PER LANGUAGE**)

French Spanish English Mandarin Russian Other _____

4. **WHERE WILL YOU TAKE YOUR TEST?**

(A PROCTOR RESPONSIBILITIES AND AGREEMENT FORM MUST BE SUBMITTED ALONG WITH YOUR APPLICATION) A proctor at a school or college may be a Professor, Department Chair, Department Administrative Assistant or Department Coordinator, or Registrar and University Assessment Personnel. A proctor may also be a supervisor from your current place of business. No other administrators or staff may act as proctors.

PROCTOR: _____ TITLE _____

PROCTOR EMAIL: _____ PROCTOR TELEPHONE: _____





5. PLEASE INDICATE WHEN YOU ARE AVAILABLE TO TEST:

Please provide a RANGE of availability (dates & times) that you and your proctor can do the test. Allow at least 10 business days from the date of your request submission, if you are submitting completed proctor forms with this application.

DATES: _____ TIME: From _____ To _____

DATES: _____ TIME: From _____ To _____

6. CONFIRMATION OF TEST DAY, TEST STATUS AND RESULTS:

Once your application has been processed, you and your proctor will be sent separate e-mails with your test date, time and other test instructions. This e-mail will provide a unique ID and PASSWORD to access your test information and status on the LTI Test Candidate Website (www.languagetesting.com/individual). Please retain this important e-mail and website information for your records as you will use this website and secure password to verify the date and time of your test and check the status of your test result. You will also have the option to print your final rating certificate from the website. Please allow UP TO 2 WEEKS from the date of your test to receive your final rating.

7. OTHER IMPORTANT TEST INSTRUCTIONS:

- **The OPI Proctor Responsibilities and Agreement form must be completed by your proctor and submitted with your application. Your application will not be processed without a completed Proctor Responsibilities and Agreement form. If your application is received without the proctor form, you may be asked by e-mail to supply new dates once the proctor form is received and approved.**
- A signed Test Taker Agreement form must be submitted with your application.
- Be sure to arrive at the test site 15 minutes prior to the above test time. Please bring two forms of picture identification with you.
- Inform us immediately if you will not be available at the scheduled time and date. If you notify us later than one business day before the scheduled day of the test, you will be charged a fee of \$55.00 for a missed appointment.
- To reschedule this test, you must do so at least one business day in advance of the above date by e-mail to admin@languagetesting.com and advise us of new dates. You may also mail the information to the address above. Please allow 10 business days from the date of your submission of new information for a new test date/time.
- If you must cancel this application, without giving one business days notice, you will be charged a fee of \$55. The balance of your payment will be refunded to you.





8. PAYMENT:

ORAL PROFICIENCY INTERVIEW (OPI) TEST FEE: \$130.00

TOTAL PAYMENT \$ _____ . **00**

METHOD OF PAYMENT:

- A CHECK FOR THE TEST FEE PAYABLE TO: **LTI, Inc.**
- PLEASE CHARGE THE TEST FEE TO A CREDIT CARD (COMPLETE SECTION BELOW)

MASTERCARD/VISA/DISCOVER (circle one) Card #: _____

EXPIRATION DATE: _____ SIGNATURE: _____

Note: All charges require the card holder's signature.





PROCTOR RESPONSIBILITIES AND AGREEMENT FORM FOR AN ACTFL ORAL PROFICIENCY INTERVIEW (OPI®)

_____ has applied to take an ACTFL Oral Proficiency Interview from your location. On the application form, he/she has identified you as the proctor for the test(s). Please read the responsibilities of the proctor detailed below.

Language Testing International, the ACTFL Testing Office, will send you an OPI Appointment Form by e-mail that will specify the date and time of the interview, as well as the name of the tester and telephone number to call for the test.

As the proctor, on the day of the test you will need to:

- 1. Check a photo ID of the candidate before the test's start time to verify the candidate's identification.
2. Ensure that the candidate does not bring any resources into the test room such as paper, pens, notes, dictionaries, iPods, Blackberries, laptops, etc.
3. Ensure that the candidate does not bring a cell phone, camera, pager, or recording device of any kind into the test room, nor shall the proctor make a recording of the interview.
4. Put the candidate in a private setting with a telephone. No one but the proctor may enter the test room during the OPI.
5. Promptly and at the appointed time, call the tester indicated on the OPI Appointment form.
6. Introduce yourself to the tester and introduce the candidate. Hand the phone to the candidate and the tester will conduct the interview. A telephonic interview may not be taken with the conference call feature; the candidate must speak into the handset.
7. Ensure that the candidate does not receive assistance from any resources (notes, etc.) or individuals during the interview.
8. Call LTI, the ACTFL Testing Office immediately if you anticipate any delays or have any difficulty reaching the tester.

The actual telephonic interview will last between 10 and 30 minutes. If your location does not want to accept charges for the telephone call to the tester, the above candidate must give the proctor a phone card to use in order to place and charge the call.

By signing this document you are agreeing to accept the responsibility to strictly and faithfully abide by the stipulations and procedures outlined above. Please fax this completed form to LTI, the ACTFL Testing Office, at 914-963-7113 or scan and e-mail it to processing@languagetesting.com.

Signature: _____ Date: _____

Full Name (print): _____

School or Company Name: _____ Title: _____

Work Phone: _____ Work Fax: _____

Work E-mail: _____ Work Address: _____

