



June 1, 2008

**Dear Health Care Interpreter Program Candidate—Hermiston:**

Thank you for your interest and inquiry into the Oregon AHEC Spanish Health Care Interpreter Training Program. The Oregon Area Health Education Centers Program will be offering the classroom portion of this Certificate Program on 4 weekends. (see attached Schedule). The classes will be held on weekends once a month beginning on Friday, September 12th. Classes will be held at Good Shepherd Medical Center – Hermiston, Oregon. To be eligible to start classes, you must pass a bi-lingual Spanish-English Language pre-assessment which includes written and oral components. Assessment tests will be scheduled between August 4-6, 2008. The course is open to those residing in communities surrounding Hermiston (no Portland metro area applicants will be considered).

Students who successfully complete the classroom portion of the program will be able to take the written comprehensive exam and will be scheduled for clinical practicum experiences in Bend for 4 days (32 hours) in January through March 2009. We anticipate having funds to offset your travel expenses to stay in Bend; however you will need to work out arrangements with your employer for the time off to attend. We cannot guarantee dates for clinical experiences prior to the start of the class; however we anticipate the ability to offer you some choice in the week of your clinical practicum experience. We will begin starting to schedule these in November.

Program description and scheduled dates (see attachment A-- Schedule):

The health care interpreter program consists of:

1. **Introduction to Health Care Interpreting Basics – 8 hours** –There will be homework assignments to complete via distance learning prior to the first class for this unit. This unit is fundamental to interpreting practice and covers national standards, codes of ethics, and elements of interpreting. There will be a unit test for Health Care Interpreter Basics given on Sunday, September 14<sup>th</sup>.
2. **Integrated Anatomy & Physiology, Medical Terminology and Interpreting Practice – 60 hours** - Application of healthcare interpreting principles will be integrated into this course where you will focus on the anatomy, medical terminology, standard tests and procedures. This course includes 30 hours of class with 30 hours of self study modules and assignments. You should anticipate a minimum of 3-4 hours (i.e. each week) spent outside of class for each unit in the Integrated Course. There will be a mid-term and final exam for the Integrated Course, each covering 6 units of the curriculum. You will be required to complete unit ethics homework assignments and unit quizzes each week via distance learning – even on weeks you will not meet for class. Assignments will have due dates and assignments not completed by assigned due dates will be scored as a zero.
3. **Language and Interpreting Skills Lab – 24 hours**--independent study, self-paced with two hours per unit equaling 24 hours throughout the course. These 2-3 hours per unit to complete the language and interpreting skills lab outside class are in addition to the hours you should be devoting to study of each unit. You will be required to complete skills lab assignments via distance learning each week –even on weeks you do not meet for class.

4. A **Comprehensive final written examination** of the whole course work including Interpreter Basics and Integrated Course material will be given a week after you have completed the Integrated Course. You must pass this comprehensive written exam prior to starting your clinical experience practicum.
5. **Clinical Experience Practicum – 32 hours.** Course work and final comprehensive exam must be successfully completed before proceeding to the clinical experience with a trained Clinical Preceptor. You will also be required to attend a 2 hour Healthcare Orientation prior to the Clinical Experience Practicum. Students will also be required to complete background checks to receive student identification badges required for the clinicals. Each student is required to obtain a TB skin test prior to starting their clinical experience.
6. **Final oral examination.** The Clinical Experience must be successfully completed before proceeding to the oral final.

Participants will receive a **Certificate of Completion** upon successful completion of the classes, passing the final written examination, completing the Clinical Experience and Final Oral Exam. A transcript of coursework will be provided for your use in documenting the material completed in the courses.

**Costs: The \$30 non-refundable language assessment fee must be submitted with the application.** Due to special funding available for this course, the cost of the class will be heavily subsidized for participants. The course normally costs \$1000 per student. **For this 2008 class, students will be required to pay the cost of books and language materials which = \$300.** Students will be responsible for travel costs to attend the **Hermiston** weekend classes as well. A payment schedule can be arranged for those with financial hardship. Details are still be worked out to cover as much of travel expenses for the Clinical Experience in Bend as possible through grants and other funding sources. More information will be provided at the assessment session.

In order to be accepted into the program, you will be required to successfully complete a bilingual interview and assessment (English and Spanish). **Please refer to the attached information about the application process.**

Send all completed application materials and fees to: **Cascades East AHEC (attention Lyn Bogie), 2500 NE Neff Rd., Bend, OR 97701 or by e-mail to [lbogie@cascadehealthcare.org](mailto:lbogie@cascadehealthcare.org).** Application materials must arrive by Friday, July 25, 2008, 4 pm.

**We will be conducting interviews in Hermiston for all candidates during August 4-6, 2008.** Calls will be made from our office to schedule an interview appointment with all applicants who have turned in completed materials by the deadline of July 25, 2008. We will be unable to schedule appointments prior to receiving completed application materials. **The complete interview process will take 1 1/2 hours.** If you will not be able to meet for an in-person interview, when you send in your application materials let us know of the barriers that prevent you from coming in the office for your interview. Students who do not complete the interview process will not be selected for the program.

Please be sure to read the instructions carefully and follow directions on the attached documents. If you have any questions, contact **Lyn at 541-706-6861 or [lbogie@cascadehealthcare.org](mailto:lbogie@cascadehealthcare.org)** If you cannot reach Lyn, contact **Jennifer at 541-706-2603 or [jvalenti@cascadehealthcare.org](mailto:jvalenti@cascadehealthcare.org)**

Sincerely,

**Lyn Bogie, Health Careers Education Coordinator  
Cascades East AHEC on behalf of Oregon Area Health Education Centers**

**Enclosures:** Letter of introduction, Pre- Assessment Application, Confidential Reference Information Form, Attachments A and B.

## **Oregon AHEC Spanish Language Health Care Interpreter Program**

### **Pre-Entry Oral and Written Assessment for Language Proficiency**

In an effort to ensure that applicants have the appropriate language skills to succeed in the Oregon AHEC Spanish Health Care Interpreter Training Program offered in Oregon Communities, oral interviews will be conducted with each applicant. In addition to the interview, applicants will complete assessment questions, pace measurement, English to Spanish translation, Spanish to English translation and reading comprehension assessments. *The interview/assessment process will take approximately 1 1/2 hours to complete.*

**Any questions may be addressed to Lyn Bogie at 541-706-6861.**

#### **Instructions and information for the applicant:**

1. Complete the application form. Please **print** clearly, so we can contact you regarding an interview appointment and process your application information.
2. The passing level for the interview/assessment and written translation is **85%** and the criteria, which will be evaluated are: grammar, appropriate word usage, clarity of speech, appropriate pronunciation in both languages, reading comprehension, pace, and proper accent marks and punctuation on the translation. Interview scoring is as follow: Interview questions in English – 20 points, Interview questions in Spanish – 20 points, site translation of short form – 14 points, reading comprehension – 10 points and paragraph translations – 36 points.
3. All application materials must be received in our office by **Friday, July 25, 2008** including the **\$30 non-refundable application fee**.
4. The interview will be bilingual and will cover such subjects as reasons for wanting to practice health care interpreting, background, education and experiences that will contribute to being a successful health care interpreter.
5. For assessment score below 85%, we highly recommend that the candidate take formal classes in Spanish or English depending on scores. Assessments may be repeated after 6 months with an additional application fee.
6. If accepted into the program the candidate will be asked to complete additional paperwork to register for classes and to authorize release of information to AHEC.
7. Incomplete pre-application materials will remove a candidate from consideration in the Healthcare Interpreter Program. Please contact us if you need assistance in understanding the application materials.
8. Students selected for the program will be required to obtain or submit current documentation for PPD (tuberculin) skin test prior to beginning clinical experience.

#### **Criteria for HCI Applicants:**

- Be fluent in English and Spanish, ability to change languages back and forth easily, and maintain a fast and smooth pace
- Have some experience in interpreting
- Have an interest in becoming a health care interpreter
- Be 19 years of age or older
- Minimum education: High School Diploma or GED
- Have knowledge of or work experience in with Spanish speaking populations

**Oregon AHEC Spanish Health Care Interpreter Program**  
**Pre-Assessment Application**

(Please *print* legibly!)

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime/message Telephone: \_\_\_\_\_ Best time to call \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

(Check one):  Male  Female Age: \_\_\_\_\_

**Ethnicity: (Check all that apply):**

American Indian/Alaska Native  Asian  Black/African American

Hispanic/Latino

Native Hawaiian/Other Pacific Islander  White/Caucasian

More than one (please list) \_\_\_\_\_

**Program Claim Status (check all that applies to your situation. *Please see Attachment B for definition of terms*):**

Financially Disadvantaged  Rural  Minority

English was a second language growing up

My parents did not go to college / I will be the first in my family to attend college

Qualified for free or reduced fee school lunch

**Education:**

High School Diploma  Yes  No If yes, where obtained \_\_\_\_\_

If no, did you earn your GED?  Yes  No

Do you have a college degree?  Yes  No Degree Obtained: \_\_\_\_\_

If yes, date of completion: \_\_\_\_\_

List Colleges or Universities previously attended (including country if not in USA):

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Page two: Oregon AHEC Spanish Health Care Interpreter Program  
Pre-Assessment Application

Please tell us about your work and experience:

Do you have any Healthcare certifications or licenses?  Yes  No

If your answer is yes to the question above, please indicate what:

\_\_\_\_\_

Current Job: \_\_\_\_\_ Department: \_\_\_\_\_

Briefly describe your job duties: \_\_\_\_\_

\_\_\_\_\_

I work in \_\_\_\_\_ (town/community in Oregon) at \_\_\_\_\_  
(name of facility), approximately \_\_\_\_\_ hours per (week or month –circle one)

Work Role: Do you currently work as a health care interpreter or bi-lingual worker in a healthcare environment (in a hospital, health or mental health department, or health clinic)?  Yes  No

Have you ever worked with Spanish speaking populations? (Describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider your native language?  Spanish  English  
 Other \_\_\_\_\_

Do you read, write and speak in both languages? Please describe abilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Experience: How many years experience do you have interpreting?

Medical \_\_\_\_\_ Other \_\_\_\_\_

How do you plan to use the Health Care Interpreter Training when you have completed the program?

\_\_\_\_\_

Page three: Oregon AHEC Spanish Health Care Interpreter Program  
Pre-Assessment Application

What strengths and background experiences do you have that would support your success as a Health Care Interpreter?

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Do you have any teaching skills or an interest in training to be a Health Care Interpreter Trainer? \_\_\_\_\_

Person you gave reference form to complete (Due 7/25/08):

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Are you available for a 1 ½ hour Interview/Assessment?

\_\_\_\_\_ Best Dates (Date Range is 8/4-8/6, 2008)

\_\_\_\_\_ Best Times

I understand that the interview may be tape recorded for the use of the interview panel in completing assessment of the applicant's language skills. All tapes will be destroyed after the candidate selection process is completed.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your application form to arrive by July 25, 2008 to:**

Cascades East AHEC (Attention Lyn Bogie), 2500 NE Neff Rd., Bend, OR 97701  
Or electronically to [lbogie@cascadehealthcare.org](mailto:lbogie@cascadehealthcare.org)

**Please include your \$30 Assessment fee with your completed application.**

**Method Of Payment:**

**Please Select One A or B:**

**A. Personal or Bank Check ?  Yes**  
**Please Make Check payable to Cascades East AHEC**

**B. Credit Card?  Yes**  
 Visa  MasterCard  Discover  AMEX

Name of Cardholder (as Appears on Card) \_\_\_\_\_

Billing Address of Cardholder (if different than applicant) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

I authorize payment of the \$30 non-refundable assessment fee to be charged to my card.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature



**Oregon AHEC Spanish Health Care Interpreter Program**  
**CONFIDENTIAL REFERENCE INFORMATION FORM**

**(To be completed by a person who can verify your intent to serve as a health care interpreter in your community)**

**Applicant's name:** \_\_\_\_\_

This student is applying to participate in educational training to become a Spanish Health Care Interpreter. Please assess his/her suitability as a participant in this program. We are interested in selecting students who:

- ✓ Have a commitment to work in their communities as a health care interpreter
- ✓ Are already bilingual and can pass the entrance examination process
- ✓ Have a definite goal to pursue a health care interpreter career and is willing to commit to attend classes regularly and successfully complete the entire program
- ✓ Have demonstrated strong skills in communication that would make him/her a good interpreter candidate
- ✓ Has demonstrated commitment level and self-motivation that will enable student to complete this intensive 6 month training program

In comparison with other students you have known; please evaluate the applicant in the following areas (Circle the number that best describes the applicant):

	Highest			Lowest	
MOTIVATION (self-starter)	5	4	3	2	1
COMMUNICATION SKILLS (verbal skills and expression)	5	4	3	2	1
INTERPERSONAL SKILLS (maintains harmonious and cooperative work-relations)	5	4	3	2	1
COMMITMENT (follows through, keeps agreements, etc.)	5	4	3	2	1
PROFESSIONALISM (uses appropriate language, dress, and conduct)	5	4	3	2	1
PROBLEM SOLVING/CRITICAL THINKING (identifies work-related problems and solutions)	5	4	3	2	1
TIME MANAGEMENT (regularly on-time, prioritizes tasks, and reliability)	5	4	3	2	1

For additional writing space use the back of this page:

Student's strengths as you see them:

Student's weaknesses as you see them ("none apparent" is an acceptable answer):

Why do you think this person would be successful in the health care interpreter training program?

Does this person keep commitments and is this demonstrated in his/her attendance record?

Are you currently the employer of this person?  Yes  No

Do you have plans to use this person as an interpreter in your organization?

If this potential student is your employee, are you willing to provide the student 32 hours of released time from work to complete the clinical portion of healthcare interpreter training?

Yes  No  Unsure/Need more information \_\_\_\_\_

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**Evaluator's Name (please print):** \_\_\_\_\_

**Evaluator's Institution/Agency (if applicable):** \_\_\_\_\_

**Contact Information** – Work Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you represent a potential employer of this student after he/she finishes this program?

Yes  No

Occupation and/or relationship to student: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form directly to: **Cascades East AHEC (Attention: Lyn Bogie),  
2500 NE Neff Rd., Bend, OR 97701**

Or by e-mail to [lbogie@cascadehealthcare.org](mailto:lbogie@cascadehealthcare.org) or fax to: 541-706-6322, c/o Lyn Bogie

**FORMS MUST BE RECEIVED In OUR OFFICE BY July 25, 2008**



**ATTACHMENT A:****2008 Oregon AHEC Spanish Healthcare Interpreter Training  
Program Class Schedule****Regional Weekend Classes (Gorge)****LOCATION: Good Shepherd Medical Center - Hermiston**

<b>Date (24hr)</b>	<b>Content Covered</b>	<b>Location</b>	<b>Time</b>
June, 2008	Applications Available	E-mail, Web, AHEC Offices	
Friday, July 25, 2008	Applications and \$30 Testing Fee due to Cascades East AHEC Office	CEAHEC Office 2500 NE Neff Rd Bend, OR 97701	
Monday August 4th through Wed. August 6 <sup>th</sup> , 2008	Class Pre-Assessment and selection process/  <u>Start Homework Assignments for Class Weekend One immediately after selections</u>	Hermiston Assessment Time & Locations will be assigned expect phone call July 28 <sup>th</sup> to verify time & location	3 days
Friday September 12, 2008 EVENING	Introductions Interpreter Basics Course	Good Shepherd Medical Center Hermiston	1700-2030
Saturday September 13, 2008 ALL DAY	Interpreter Basics Course Continued	Good Shepherd Medical Center Hermiston	09-1700
Sunday September 14, 2008 MORNING	Integrated Course: Unit I	Good Shepherd Medical Center Hermiston	09-1200
Friday October 10, 2008 EVENING	Integrated Course: Unit II	Good Shepherd Medical Center Hermiston	1700-2030
Saturday October 11, 2008 ALL DAY	Integrated Course: Unit III, Unit IV	Good Shepherd Medical Center Hermiston	09-1700
Sunday October 12, 2008 MORNING	Integrated Course: Unit V	Good Shepherd Medical Center Hermiston	09-1200
Friday November 7, 2008 EVENING	Integrated Course: Unit VI & Review	Good Shepherd Medical Center Hermiston	1700-2030
Saturday November 8, 2008 ALL DAY	Integrated Course: Midterm Test & Units VI & VII	Good Shepherd Medical Center Hermiston	09-1700

<b>Sunday</b> <b>November 9,</b> <b>2008</b> <b>MORNING</b>	<b>Integrated Course: Unit IX</b>	<b>Good Shepherd Medical Center Hermiston</b>	09-1200
<b>Friday</b> <b>December 5,</b> <b>2008</b> <b>EVENING</b>	<b>Integrated Course: Unit X</b>	<b>Good Shepherd Medical Center Hermiston</b>	1700-2000
<b>Saturday</b> <b>December 6,</b> <b>2008</b> <b>ALL DAY</b>	<b>Integrated Course: Unit XI &amp; XII and review</b>	<b>Good Shepherd Medical Center Hermiston</b>	09-1700
<b>Sunday</b> <b>December 7,</b> <b>2008</b> <b>MORNING</b>	<b>End of course final test</b>	<b>Good Shepherd Medical Center Hermiston</b>	09-1100
<b>SATURDAY</b> <b>December 13,</b> <b>2008</b>	<b>Written Final Comprehensive Exam (covers all courses)</b>	<b>Good Shepherd Medical Center Hermiston Location(s)TBD</b>	09-1200
<b>January 2009 to March 2009</b>	<b>Clinical Experience for 15 students</b>	<b>Bend</b>	32 Hours Per Student Pre- Arranged
<b>March – April 2009</b>	<b>Final Oral Exams</b>	<b>Locations &amp; Dates TBD</b>	

Updated 6/19/2008 3:54 PM

## Attachment B

### Program Claim Status/Project Preference Information/Definition for Participants

This information is used for documenting Oregon AHEC program statistics and will not be shared with other participants or the instructor.

“**Disadvantaged**” means an individual who:

- (1) Comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a high school or college (**Educationally Disadvantaged**). The following are provided as examples of “Educationally Disadvantaged” for guidance only and are not intended to be all-inclusive.

Examples:

1. Person from high school with low average SAT/ACT scores or below the average State test results.
2. Person from a school district where 50% or less of graduates go to college.
3. Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
4. Person for whom English is not their primary language and for whom language is still a barrier to their academic performance.
5. Person who is first generation to attend college.
6. Person from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches.

**or**

- (2) Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs (**Economically Disadvantaged**). The figures used to determine low-income are:

Size of Family*	Income Level**
1	\$17,960
2	24,240
3	30,520
4	36,800
5	43,080
6	49,360
7	55,640
8	61,920

\*Includes only dependents listed on Federal income tax forms

\*\*Adjusted gross income for calendar year 2002