



June 29, 2009

### **Dear Health Care Interpreter Program Candidate—Bend/ Central Oregon:**

Thank you for your interest and inquiry into the Oregon AHEC Spanish Health Care Interpreter Training Program. Cascades East AHEC will be offering the Health Care Interpreter Training Program this fall (see attached Schedule). The first class session will be the weekend of September 12<sup>th</sup> and 13<sup>th</sup>. Classes will be held at St. Charles Medical Center in Bend, Oregon. **To be eligible to start classes, you must pass a bi-lingual Spanish-English Language Assessment which includes written and oral components.** Pre-assessment tests will be scheduled between August 12 to 14, 2009 in Bend. The course is open to those residing in communities in Central Oregon who are willing to travel to Bend to participate in the scheduled classes and complete the weekly learning assignments.

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 2010. 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 healthcare interpreter program consists of:

1. **Introduction to Healthcare Interpreting Basics – approximately 10 hours –** There will be homework assignments to complete prior to the first class. This unit is fundamental to interpreting practice and covers national standards, codes of ethics, and elements of interpreting. There will be a test for Health Care Interpreter Basics given on Sunday, September 13th.
2. **Integrated Anatomy & Physiology, Medical Terminology and Interpreting Practice – 60 hours -** Application of healthcare interpreting principles will be integrated into this course while you will focus on the anatomy, medical terminology, standard tests and procedures. This course includes 36 hours of class with approximately 30 hours of self study modules and assignments. You

should anticipate a minimum of 3-4 hours (i.e. each week) for study and assignments for each unit in the Integrated Course. There will be a mid-term and end of term 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. 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 an additional 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 each week.
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 class, students will be required to pay the cost of books and language materials which = \$300.** A payment schedule can be arranged for those with financial hardship.

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 31, 2009, 4 pm.

**We will be conducting pre-assessment interviews for all candidates during August 12-14, 2009.** 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 Friday July 31, 2009. 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 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** If you cannot reach Lyn, contact **Jennifer at 541-706-2603 or jvalenti@cascadehealthcare.org**

Sincerely,

A handwritten signature in cursive script that reads "Lyn Bogie".

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 minimum passing level for the interview/assessment and written translation is **80%** (the recommendation is 85%). Criteria that 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 31, 2009** 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 scores below 80%, 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 DUE JULY 31<sup>st</sup>, 2009**  
*(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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**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?

\_\_\_\_\_

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

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 7/31/09):  
Are you available for a 1 ½ hour Interview/Assessment?

\_\_\_\_\_ Best Dates (Date Range is 8/12/09 to 8/14/09)

\_\_\_\_\_ 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 31, 2009 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**

Circle one: Visa MasterCard Discover AMEX Card Number: \_\_\_\_\_

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

Billing Address of Cardholder (if different than applicant)

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

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**  
**DUE JULY 31<sup>st</sup>, 2009**  
**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):

For additional writing space please use an additional page.

	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

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?  
 Yes  No

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 31, 2009**

**ATTACHMENT A:****2009 Oregon AHEC Spanish Healthcare Interpreter Training  
Program Class Schedule  
LOCATION: Bend, OR**

<b>Date</b>	<b>Content Covered</b>	<b>Location</b>	<b>Time (24hr)</b>
<b>July 1, 2009</b>	<b>Applications Available</b>	<b>E-mail, Web, CEAHEC Office</b>	
<b>Friday July 31, 2009</b>	<b>Applications and \$30 Testing Fee due to Cascades East AHEC Office</b>	<b>CEAHEC Office 2500 NE Neff Rd Bend, OR 97701</b>	<b>1600</b>
<b>Pre-Assessments Wed. 8/12/09 to Fri. 8/14/09</b>	<b>Class Pre-Assessment and selection process</b>	<b>Bend, Oregon Assessment Time &amp; Locations will be assigned expect phone call by 8/6/09 to verify time &amp; place</b>	<b>3 days</b>
<b>Complete Homework Assignments 8/19/09 to 9/12/09</b>	<b>Homework Assignments for Class Weekend One immediately after selections</b>	<b>Student self study assignments</b>	<b>3 1/2 weeks</b>
<b>Saturday 9/12/09 All Day</b>	<b>Introductions Interpreter Basics Course</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>0900-1630</b>
<b>Sunday September 13, 2009 Half DAY</b>	<b>Interpreter Basics Course Continued</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>0830-1200</b>
<b>Monday September 21, 2009 EVENING</b>	<b>Integrated Course: Unit I A &amp; P/The Cell</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday September 28, 2009 EVENING</b>	<b>Integrated Course: Unit II The Circulatory System</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday October 5, 2009 EVENING</b>	<b>Integrated Course: Unit III The Respiratory System</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>

<b>Monday October 12, 2009 EVENING</b>	<b>Integrated Course: Unit IV The Digestive System</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday October 19, 2009 EVENING</b>	<b>Integrated Course: Unit V &amp; Review Dental Health and the Urinary System</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday October 26, 2009 EVENING</b>	<b>Integrated Course: Unit VI The Reproductive System and Review</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday November 2, 2009 EVENING</b>	<b>Integrated Course: Midterm Exam &amp; Unit VII Muscles</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday November 9, 2009 EVENING</b>	<b>Integrated Course: Unit VIII Bones</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday November 16, 2009 EVENING</b>	<b>Integrated Course: Unit IX The Nervous System</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday November 23, 2009 EVENING</b>	<b>Integrated Course: Unit X Sensory Organs</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday November 30, 2009 EVENING</b>	<b>Integrated Course: Unit XI Endocrine Organs &amp; Nutrition Review</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday December 7, 2009 EVENING</b>	<b>Integrated Course: Unit XII General Procedures and end of Term Test</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>Monday December 14, 2009 EVENING</b>	<b>Final Written Comprehensive Exam</b>	<b>Classroom F St. Charles Medical Center Bend, OR</b>	<b>1730-2030</b>
<b>January 2010 to March 2010</b>	<b>Clinical Experience for 15 students</b>	<b>Bend, OR</b>	<b>32 Hours/ Student Pre- Arranged</b>
<b>April-May 2010</b>	<b>Final Oral Exams</b>	<b>Locations &amp; Dates TBD</b>	

## 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	\$18,200
2	\$24,500
3	\$30,800
4	\$37,100
5	\$43,400
6	\$49,700
7	\$56,000
8	\$62,300

\*Includes only dependents listed on Federal income tax forms

\*\*Adjusted gross income for calendar year 2008