

#### NATIONAL, ACCREDITED, INCLUSIVE

### GETTING CERTIFIED: CCHI'S APPLICATION

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#### Step 1 – Read the Candidate's Exam Handbook and Eligibility Webpage





## Step 2 – Login to your account in CCHI's online application platform – LearningBuilder



# Step 3. Prepare files with necessary documentation

- CCHI accepts files in electronic formats uploaded via the online platform
- All files must be either in a pdf or jpg/png formats. No other formats are accepted.
  - Special attention when saving emails
  - Special attention when saving files in Mac

If you have a document in a non-English language, you must provide *both* – the original and its translation into English (ideally, as 1 file, or add as 1 entries)

# Step 3. Prepare files with necessary documentation

#### You will need these documents:

- 1) High school diploma or a higher degree diploma
- 2) Certificate of completing a minimum of 40 hours of training in healthcare interpreting
- 3) Proof of language proficiency in English (often can be the same as b))
- 4) Proof of language proficiency in the non-English language (the document must specifically name the non-English language)

5) Any "name change" documents if the 4 above documents have different names (e.g., marriage, divorce, legal name change)

## Step 4. Fill out your application





Certification	Welcome Natalya Mytareva!	Arrow My Account	🕞 Logou
Gin Commission for Healthcare Interpretors			
cation CCHI Interpreter Registry			
pplications			
[011246 / Applicant]			
Application	Status		
CCHI Application	Available	Begi	in
Continue the application process by clicking "Begin" on the right side of this box.			
This is where you tell us about your healthcare interpreter training and educational experiences, confirm your eligibilit "my account" tab at the top of the page.	y, and submit your application for review. If you need to edit your identifyi	ng information, plea	ase select
Contact US   FAO   CCHI Certification Home Page   LearningBuilder Online Help			
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There are 4 sections in the application

When you complete the section successfully, the section's blue bar will turn green.

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Œ	Status: Your Application Has Not Been Submitted		Completing Applicatio	n (	•
	Churational Background	d 🖸 Linite /		•	6
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C	witch a work about the appreciation process at <u>import you are intravorted</u> . CHI has established specific eligibility requirements or "prerequisites" for applicants applying to participate in CCHI's cedentialing program. CCHI's C work and and continue to have very indepart and thorough conversations about eligibility criteria while assuring a balance of needs and desires of all st volved in the delivery of healthcare interpreter services.	ommissioners akeholders			
A	pplicants for CCHI CHI™ and CoreCHI™ credentials must meet all of the following requirements:				
	<ol> <li>Egitem (18) years of apy;</li> <li>Graduation from a U.S. high achool or its equivalent, including an equivalent from an educational program outside the United States;</li> <li>Stanguage Photoinery in English and target language;</li> <li>Completion of a minimum of 40 hours in healthcare interpreter training.</li> </ol>				
Ti th tr	his application provides a way for you to state that you meet requirements for certification and for taking the examination. You must upload relevant at evidences your eligibility as one file per category/activity, in a pdf or jog format to complete the application. Any document in a non-English langua anslated into English; the translation and original document must be uploaded as 1 file.	åocumentation ge must be	1		
de	o meet the Education requirement, please upload a document evidencing that you achieved a high school level of education of any country. Example ocuments are:	I of acceptable	•		
	<ul> <li>high school diploma;</li> <li>GED certificate;</li> </ul>				
	college enrollment document;     college transcripts;				
	college diploma (any level: B A, M A, Ph.D.);     confirmation of a refugee (asylee) status in the U.S.				
B	y completing and submitting the application, you are agreeing that you have original documentation for all requirements, including language proficient	cy, and would			
C	e able to quickly and easily provide this documentation to CCHI if audited by CCHI. Documentation of requirements and periodic, random audits of the CHI credentials is necessary for CCHI to achieve and sustain status as an accredited certification program for professionals in healthcare interpreting	se who earn For details,			
se	ee CCHI Candidate's Examination Handbook on our website at <a href="http://www.cchicertification.org/certifications/oreparing/">http://www.cchicertification.org/certifications/oreparing/</a>		Add Diploma	or Deg	rec
	> Haalthoara Interpreter Training		ideal 💽	-	
	or resources encourse interpreter framming Units Accepted	Units Ad	ueu 😈 Units Required	-90	8
PI Ye	rease crick the putton and training activity to start, watch a video about the application process at https://youtu.be/htmapytesb. ou will be asked to describe your medical interpreting training AND upload documentation that evidences that you completed it (e.g., certificate of att	endance or			
co up	ompletion, transcript, letter from trainer, etc.). Any documents in a non-English language must be translated into English; the translation and original d ploaded as 1 file. For the eligibility requirement related to healthcare interpreter training. OCHI accepts documentation of any combination of the follow of Demandation experiment acception and the second se	ocument must wing:	be		
	Adding up hours from multiple courses related to healthcare interpreting;     Completing continuing adjustance ourses:				
	Superpriving summaring Equivalence courses,     Developing or teaching interpreter training courses; or     Developing training format relations observe and abadewing or being training to the second s				
A	<ul> <li>on-on-you wanning (including formal varianting classes and snadowing or being snadowed by experienced interpreters).</li> <li>an alternative. CCHI also accepts the following training:</li> </ul>				
	Attending interpreter conferences at which you participated in workshops that discussed issues related to the practice of interpreting – maximum	of five hours			
	allowed. • Completing interpreter training courses not focused on healthcare (e.g., court, community, conference) or completing training in the health profess	iions (e.g.,			
	nursing, occupational therapy, social work) – maximum of five hours allowed.				
Ci si	CHI recognizes that there is some overlap between healthcare interpreting and other interpreting and training for health professionals. However, there ginificant differences in the ethics, standards of practice and terminology utilized. Thus, CCHI allows applicants to count some non-healthcare interpre- pretingences toward CDMF 40-how healthcare interpreter training neurisyment.	are also eter related			
C	CHI accepts certificates of the 40-hour healthcare interpreter training regardless of when the training (including conference attendance) was complete	ed. Please see	the		
C	CHI Candidate's Examination Handbook on our website at http://www.cohicertification.org/certifications/orspaning/ for more information about training and the second s	ig activities.	🕀 Add Traini	ng Activ	rity
	Derimany Language				
-	) Primary Language		Comp	plete An	y 🚺
IN	IPORTANT: If your language is Arabic, Mandarin or Spanish, keep in mind that the oral performance CHI exams are administered only at physical test	centers within	the USA and Canada.		
	Required Select the primary language for which you are seeking a CCHI credential.				
			Selecting Language	0	
	) Statements of Understanding		Com	olete An	v IP
	y		Com	and Pil	-
	his is where you will need to unload 2 documents confirming your language proficiency to attest to your eligibility and some to COMPs Statement of II	nderstanding	(show more)		
	his is where you will need to upload 2 documents confirming your language proficiency, to attest to your eligibility, and agree to CCHI's Statement of U	Inderstanding.	(show more)	1	

When you complete all 4 sections successfully, the gray button "Completing application" will turn orange and become clickable.

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My Application	CCHI Interpreter Registry					
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	Educational Background	Units Ac	ccepted 0	Units Added 🚺	Units Required 1	۲
	Watch a video about the application process at https://youtu.be/HhNspyt-eJo.					
	CCHI has established specific eligibility requirements or "prerequisites" for applicants applying to participate in CCHI's credent had and continue to have very in-depth and thorough conversations about eligibility criteria while assuring a balance of needs is delivery of healthcare interpreter services. Applicants for CCHI CHI" and CoreCHI" credentials must meet all of the following requirements: 1. Eighteen (18) years of age; 2. Graduation from a U.S. high school or its equivalent, including an equivalent from an educational program outside the Unit 3. Language Proficiency in English and target language; 4. Completion of a minimum of 40 hours in healthcare interpreter training. This application provides a way for you to state that you meet requirements for certification and for taking the examination. Yo evidences your eligibility as one file per category/activity, in a pdf or jpg format to complete the application. Any document in a into English; the translation and original document must be uploaded as 1 file. <b>To meet the Education requirement</b> , please upload a document evidencing that you achieved a <b>high school level of education</b>	ialing program. CCHI's ( and desires of all staket ted States; bu must upload relevant non-English language r of any country. Example	Commission olders involv documentat nust be trans	ers have eed in the ion that slated uble		
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High School Diploma: Enter Degree				×		
Please tell us about the academic degrees that you To be eligible for CCHI Certification you must have format.	u have earned. Start with your high school diploma or GED and continue to ad e at least a high school diploma or its equivalent, including an equivalent from a	Id degrees through the highest degree that you have earned. an educational program outside the United States. You must upload rele	evant documenta	ation in a pdf or jpg		
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School Name (or institution granting GED)*:	Best High School			To be eligible for format.	₽ <b>-</b>	es. You must upload relevant documentation in a
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Please upload your diploma*:	Choose from librar or Upload					Carcel Rec
				file. For the eligibility requirement re	lated to healthcare interpreter training, CCHI acco	ops documentation of any combination of the following
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file. For the eligibility requirement re	elated to healthcare interpreter training, CCHI accepts documentation of any co	ombination of the following:	_	_		
Completing academic or non-a     Adding up hours from multiple	cademic training,					

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gh School Diploma: Enter Degree					×	
lease tell us about the academic degrees that you o be eligible for CCHI Certification you must have ormat.	u have earned. Start with your high school diploma or GED and c at least a high school diploma or its equivalent, including an equ	ontinue to add degrees through the highest degree available from an educational program outside the Un	<b>that you have earned.</b> ited States. You must upload rel	evant documentati	ion in a pdf or jpg	
Degree Obtained:	High School Diploma					
School Name (or institution granting GED)*:	Best High School			ð		
School City, State*:	Paris					
chool Country:	France					Y
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ear of Graduation (e.g., 1989)*:	1985					
Please upload your diploma*:	Education-Diploma.pdf 🔟					JT (
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transcript letter from trainer atc.	any documents in a non-English language must be translated into	English the translation and original document mus	t be unloaded as 1		Record Degre	e (Move Nex



When you complete the section successfully, the section's blue b7r will turn green.





#### **Name Change Documentation**

If your documents are issued in different names, you need to upload a document confirming the name change. It's easiest to add it in the Education Section as another diploma and enter "Name change" in the field for the school name.











onferences at which you participated in workshops that discussed issues related to the practice of interpreting – maximum of five hours allowed.



Please describe your most relevant 40 hours of trainin include a description of how the course relates to here	g AND upload relevant documentation (certificate of attendance or completion, transcript, Ithcare interpreting and the eligibility requirements. For details about accepted training, se	, etc.). If the course titles do not clearly reflect the course's relevance to this certifica ee our <u>Eligibility Criteria</u> page at <u>www.cchicertification.org/44-certification/eligibility</u>
<u>/90-eligibility-criteria</u> .		
If you enter on the job training, you must upload an of your training.	icial document from the employer that describes the time and duration of the training, who	at topics or activities were included, and the name of ther person who supervised/ov
You may count classroom or contact hours. If your ini For example, if you received two (2) academic credits instead of the number of college credits received (2).	ormation is documented in academic semester hours, quarter hours or continuing educat for a healthcare interpreter training course, you must determine how many hours you sper Your application must document a total of 40 hours of classroom or contact training hours	ion hours, you must convert this into actual classroom/contact hours for your applic it in the classroom over the course of the semester (e.g. 30) and insert this number s or you will not be eligible.
Course/ Conference/ Event Title*:	Best conference	
Training Hours (you may count classroom or contact hours)*:	6	
Name of Sponsor/Provider/Institution*:	Best association	
Start Date of Training*:	09/01/2020	
End Date of Training*:	09/01/2020	
Upload Training Verification Document*:	CE certificate1.pdf	
Course/Conference/Training Description*:	l attended these sessions:	
	I) CURRO, L) CONSCULITE SKIIS, S) ICHIMIOLOGY	.at



training. ( <u>show more</u> )	vant 40 hours of healthcare	interpreter tra	aining by c	clicking the "Add Activit	ty" button to the right. W	lorking as an interpreter o	does not count a	Ado	d Training Act	tivity
Training Activity	Completion	Date		Hours					0	
Best conference	9/1/2020			6				Leo Activity Recorded	0	••
Healthcare Inte	erpreter Training: Add a trai	ning activity							×	
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Please describe your most relevant 40 hours of training include a description of how the course relates to healt /90-eligibility-criteria.	AND upload relevant documentation (certificate of attendance or completion, transcript, etc.). If hcare interpreting and the eligibility requirements. For details about accepted training, see our $\underline{E}$	the course titles do not clearly reflect the course's relevance to this certificati igibility Criteria page at www.cchicertification.org/44-certification/eligibility-c
If you enter on the job training, you must upload an offic your training.	ial document from the employer that describes the time and duration of the training, what topics	or activities were included, and the name of ther person who supervised/ove
You may count classroom or contact hours. If your info For example, if you received two (2) academic credits fe instead of the number of college credits received (2). Ye	mation is documented in academic semester hours, quarter hours or continuing education hour or a healthcare interpreter training course, you must determine how many hours you spent in the ur application must document a total of 40 hours of classroom or contact training hours or you	s, you must convert this into actual classroom/contact hours for your applica classroom over the course of the semester (e.g. 30) and insert this number ( will not be eligible.
Please fix the following error(s): • Training must have been completed.		
Course/ Conference/ Event Title*:	Best trainer	E
Training Hours (you may count classroom or contact hours)*:	40	
Name of Sponsor/Provider/Institution*:	Best trainer	
Start Date of Training*:	08/03/2020	
End Date of Training*:	09/17/2020	
L	Training must have been completed.	
Upload Training Verification Document*:	4011 Hammy Certaicate.por m	
Course/Conference/Training Description*:	See curriculum at their website www.best_trainer.com	a



## **Section 3 – Primary Language of Service**

	ina		Units Accepted 2 Units Added 2 Units Required
Watch a video about the applicati or GED (required) and continue th	ion process at https://youtu.be/HhNspyt-eJ nrough your highest degree. ( <u>show more</u> )	o. Please tell us about academic degrees you have earned.	Start with your high school diploma
School Name	Degree	Year Graduated	
Best High School	High School Diploma	1985	Recorded
Name change	High School Diploma	1999	Recorded
🤣 Healthcare Interpretei	r Training		Units Accepted 46 Units Added 46 Units Required 4
Healthcare Interpreter Please describe your most releva training. ( <u>show more</u> )	r Training Int 40 hours of healthcare interpreter training	g by clicking the "Add Activity" button to the right. Working a	Units Accepted 46 Units Added 46 Units Required 48 Units an interpreter does not count as
Healthcare Interpreter Please describe your most releva training. ( <u>show more</u> ) Training Activity	r Training Int 40 hours of healthcare interpreter trainin Completion Date	g by clicking the "Add Activity" button to the right. Working a	Units Accepted 46 Units Added 46 Units Required 4 as an interpreter does not count as
<ul> <li>Healthcare Interpreter</li> <li>Please describe your most releva training. (show more)</li> <li>Training Activity</li> <li>Best conference</li> </ul>	r Training Int 40 hours of healthcare interpreter trainin Completion Date 9/1/2020	g by clicking the "Add Activity" button to the right. Working a Hours 6	Units Accepted 46 Units Added 46 Units Required 4 as an interpreter does not count as Add Training Add Training Recorded
<ul> <li>Healthcare Interpreter</li> <li>Please describe your most releva training. (show more)</li> <li>Training Activity</li> <li>Best conference</li> <li>Best trainer</li> </ul>	r Training Int 40 hours of healthcare interpreter trainin Completion Date 9/1/2020 8/17/2020	g by clicking the "Add Activity" button to the right. Working a Hours 6 40	Units Accepted 46 Units Added 46 Units Required 4 is an interpreter does not count as    Add Training  Add Traini
<ul> <li>Healthcare Interpreter</li> <li>Please describe your most releva training. (show more)</li> <li>Training Activity</li> <li>Best conference</li> <li>Best trainer</li> <li>Primary Language</li> </ul>	r Training Int 40 hours of healthcare interpreter trainin Completion Date 9/1/2020 8/17/2020	g by clicking the "Add Activity" button to the right. Working a Hours 6 40	Units Accepted 46 Units Added 46 Units Required 4 as an interpreter does not count as    Add Training   Add Training   Add Training     Complete    Complete



Select your primary languad	e in which you provide interpreting services and for which you are see	king a CCHI certification from the following list.
Click "Select Language" to o	omplete this section.	
Application - Select Language*:	Select Application - Select Language	P

×

#### Select Language: Select Language

Select your primary language in which you provide interpreting services and for which you are seeking a CCHI certification from the following list. Click "Select Language" to complete this section.

andirade.	Select Application - Select Language		*	
anguage .				
	Zapotec		^	
	Romanian		_	
	Russian	Ju		
	Rwandan	0		
	Samoan		~	

## Section 3 – Primary Language of Service

Select Language: Selec	t Language	×
Select your primary languag Click "Select Language" to c	e in which you provide interpreting services and fo omplete this section.	r which you are seeking a CCHI certification from the following list.
Application - Select Language*:	Russian	X • Select Language Cancel







w meet requirements for certification and for taking the examination. By answering the questions below, you are attesting to your eligibility and agreeing that you have original to quickly and easily provide this documentation to CCHI if audited by CCHI. Please review CCHI's <b>Eligibility Criteria and documentation requirements</b> at <a href="https://www.criteria/90-eligibility-criteria">https://www.criteria/90-eligibility-criteria</a>
o complete the application. If you cannot answer "Yes" to each of the questions, you do not meet CCHI's eligibility requirements. For the language proficiency statement, please and 1 file with evidence of your proficiency in the other language (i.e., primary language of interpreting). See the detailed explanation of accepted documents at the Eligibility Cri ou have several documents, scan them as 1 file in a pdf or jpg format):
glish or the other language; sees conducted in English or the other language; or a country of the other language; sh or in the other language; tation is not available due to refugee experience).
Select Attestation - Age
Select At Yes
Select Attestation - Training
Select Attestation - Language
Choose from library or Upload
Choose from library or Upload
Choose from library or Upload



#### Attestations: Statements of Understanding

×

This application provides a way for you to state that you meet requirements for certification and for taking the examination. By answering the questions below, you are attesting to your eligibility and agreeing that you have original documentation for all requirements, and would be able to quickly and easily provide this documentation to CCHI if audited by CCHI. Please review CCHI's Eligibility Criteria and documentation requirements at <a href="http://www.cchicertification.org/44-certification/eligibility-criteria/90-eligibility-criteria.">http://www.cchicertification.org/44-certification.org/44-certification.org/44-certification.org/44-certification.eligibility-criteria.</a>

Please answer "Yes" to each of the statements below to complete the application. If you cannot answer "Yes" to each of the questions, you do not meet CCHI's eligibility requirements. For the language proficiency statement, please upload 1 file with evidence of your English proficiency and 1 file with evidence of your proficiency in the other language (i.e., primary language of interpreting). See the detailed explanation of accepted documents at the Eligibility Criteria page. Here are some examples of documentation (if you have several documents, scan them as 1 file in a pdf or jpg format):

- . A high school diploma, or equivalent, taught in English or the other language;
- . A post-secondary degree, with the majority of classes conducted in English or the other language;
- . Studying/working in an English-speaking country or a country of the other language;
- · An oral proficiency interview/examination in English or in the other language;
- Other interpreter/translator certification;
- Refugee status documentation (if above documentation is not available due to refugee experience).

I am at least 18 years of age. *:	Yes	Attestations: Statements of Understand	in ile				×
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*:	Yes	This application provides a way for you documentation for <u>all</u> requirements, an <u>http://www.cchicentification.org/44-ce</u>					agreeing that you have original rements at
I have at least 40 hours of healthcare interpreter training (academic or non-academic), *:	Yes	Please answer "Yes" to each of the star upload 1 file with evidence of your Eng page. Here are some examples of door	Uploaded On	Size Descr	ription		ige proficiency statement, please
		A high school diploma, or equate Certificate,     A part conorday device.	ing 9/11/2020 pdf	58 KB Uploa	ded for Healthcare Interpreter Training	🛓 🛛	Spect
I have linguistic proficiency in English and the target language(s) selected above for which I am seeking	Yes	A post-secondary denote     Studying the an Englique p     An oral proficiency interview/exam	ate1.pdf 9/11/2020	91 KB Uploa	ded for Healthcare Interpreter Training	* 6	Meleci
CCHI credentiale *		Other interpreter/translator certific     Refugee status documentation (if	nge.pdf 9/11/2020	35 KB Uploa	ded for High School Diploma	* 🛛	Select
O Documentation of English Language Proficiency*:	Choose from library	I am at least 18 years of age. *:	Diploma.pdf 9/11/2020	74 KB Uploa	ded for High School Diploma	<b>*</b> 🛛	Sdect X Y
Documentation of Other Language Proficiency*:	Choose from library or Upload	I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*:	Yes				× *
		I have at least 40 hours of healthcare interpreter training (academic or non-academic). *:	Yes				× *
		I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *:	Yes				x *
		Documentation of English Language Proficiency*;	Choose from library or	Upload			

This application provides a way for you to state that you	u meet requirements for certification and for taking the examination. By answering the questions below	, you are attesting to your eligiblity and agreeing that you have
documentation for <u>all</u> requirements, and would be able http://www.ccbicertification.org/44-certification/eligibi	to quickly and easily provide this documentation to CCHI if audited by CCHI. Please review CCHI's <b>Eligil</b> https://go.eligibility-criteria	bility Criteria and documentation requirements at
		the second second
Please answer "Yes" to each of the statements below to upload 1 file with evidence of your English proficiency a	o complete the application. If you cannot answer "Yes" to each of the questions, you do not meet CCH is and 1 file with evidence of your proficiency in the other language (i.e., primary language of interpreting).	s eligibility requirements. For the language proticiency stateme See the detailed explanation of accepted documents at the FI
page. Here are some examples of documentation (if yo	u have several documents, scan them as 1 file in a pdf or jpg format):	_
A high school diploma, or equivalent, taught in Enc	lish or the other language:	
A post-secondary degree, with the majority of clas	ses conducted in English or the other language;	
<ul> <li>Studying/working in an English-speaking country of</li> </ul>	r a country of the other language;	
<ul> <li>An oral proficiency interview/examination in Englis</li> <li>Other interpreter/translator pertification;</li> </ul>	h or in the other language;	
<ul> <li>Refugee status documentation (if above documentation)</li> </ul>	tation is not available due to refugee experience).	
I am at least 18 years of age. *:	Vac	· · ·
	(TES	~ · · )
I have a minimum of a U.S. high school diploma (or	Yes	× *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*:	Yes	× *)
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*:	Yes	X *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*: I have at least 40 hours of healthcare interpreter training (academic or non-academic). *:	Yes Yes	× *) × *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*: I have at least 40 hours of healthcare interpreter training (academic or non-academic). *:	Yes Yes	x v X v
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*: I have at least 40 hours of healthcare interpreter training (academic or non-academic). *: I have linguistic proficiency in English and the target	Yes Yes	× * × *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*: I have at least 40 hours of healthcare interpreter training (academic or non-academic). *: I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *:	Yes Yes Yes	X * X * X *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*: I have at least 40 hours of healthcare interpreter training (academic or non-academic). *: I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *:	Yes Yes 40-hr-Training Certificate.pdf 🕹 🗋 💼	X * X * X *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*: I have at least 40 hours of healthcare interpreter training (academic or non-academic). *: I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *: Documentation of English Language Proficiency*:	Yes Yes Yes 40-hr-Training Certificate,odf 🛃 🖸 🛅	× * × * × *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*: I have at least 40 hours of healthcare interpreter training (academic or non-academic). *: I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *: Documentation of English Language Proficiency*:	Yes Yes Yes 40-hr-Training Certificate pdf 🛓 🖸 📷	× *) × * × *
<ul> <li>I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*:</li> <li>I have at least 40 hours of healthcare interpreter training (academic or non-academic). *:</li> <li>I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *:</li> <li>Documentation of English Language Proficiency*:</li> <li>Documentation of Other Language Proficiency*:</li> </ul>	Yes Yes Yes Yes Choose from library Upload	× *) × *) × *
<ul> <li>I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*:</li> <li>I have at least 40 hours of healthcare interpreter training (academic or non-academic). *:</li> <li>I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *:</li> <li>Documentation of English Language Proficiency*:</li> <li>Documentation of Other Language Proficiency*:</li> </ul>	Yes Yes Yes Yes Choose from library Upload	× *) × *) × *

documentation for all requirements, and would be able	to meet requirements for certification and for taking the examination, by answering the questions below, you are attesting to your englishing and agreeing that you have to quickly and easily provide this documentation requirements at
http://www.cchicertification.org/44-certification/eligibil	ility-criteria/90-eligibility-criteria.
Please answer "Yes" to each of the statements below to upload 1 file with evidence of your English proficiency a page. Here are some examples of documentation (if your	o complete the application. If you cannot answer "Yes" to each of the questions, you do not meet CCHI's eligibility requirements. For the language proficiency statement and 1 file with evidence of your proficiency in the other language (i.e., primary language of interpreting). See the detailed explanation of accepted documents at the Elip ou have several documents, scan them as 1 file in a pdf or jog format):
A high school diploma, or equivalent, taught in Eng     A post-secondary degree, with the majority of class	glish or the other language; sees conducted in English or the other language;
<ul> <li>Studying/working in an English-speaking country of An oral proficiency interview/examination in English</li> </ul>	sr a country of the other language; sh or in the other language;
Other interpreter/translator certification;	
<ul> <li>Refugee status documentation (if above documen</li> </ul>	itation is not available due to refugee experience).
I am at least 18 years of age. *:	Yes x *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*	Yes x *
out of the equivalent nem anomer country .	
I have at least 40 hours of healthcare interpreter	Yes X *
during (deductive of non-deductive).	
I have linguistic proficiency in English and the target	Yes X *
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Documentation of English Language Proficiency*:	
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<ul> <li>O Documentation of English Language Proficiency*:</li> <li>O Documentation of Other Language Proficiency*:</li> </ul>	CE certificate 1.pdf 📩 🖄 🧰 Remove File



documentation forvides a way for you to state that yo documentation for <u>all</u> requirements, and would be able <u>http://www.cchicertification.org/44-certification/eligibi</u>	I meet requirements for certification and for taking the examination. By answering the quest to quickly and easily provide this documentation to CCHI if audited by CCHI. Please review ty-criteria/90-eligibility-criteria.	stions below, you are attesting to your eligibility and agreeing that you have ong CCHI's Eligibility Criteria and documentation requirements at
Please answer "Yes" to each of the statements below t upload 1 file with evidence of your English proficiency a page. Here are some examples of documentation (if yo	complete the application. If you cannot answer "Yes" to each of the questions, you do not nd 1 file with evidence of your proficiency in the other language (i.e., primary language of in u have several documents, scan them as 1 file in a pdf or jpg format):	meet CCHI's eligibility requirements. For the language proficiency statement, pl terpreting). See the detailed explanation of accepted documents at the Eligibil
<ul> <li>A high school diploma, or equivalent, taught in Eng</li> <li>A post-secondary degree, with the majority of clas</li> <li>Studying/working in an English-speaking country of</li> <li>An oral proficiency interview/examination in Englist</li> <li>Other interpreter/translator certification;</li> <li>Refugee status documentation (if above documentation)</li> </ul>	ish or the other language; es conducted in English or the other language; r a country of the other language; h or in the other language; ation is not available due to refugee experience).	
I am at least 18 years of age. *:	Yes	× *
I have a minimum of a U.S. high school diploma (or GED) or its equivalent from another country*:	Yes	× *
I have at least 40 hours of healthcare interpreter training (academic or non-academic). *:	Yes	X *
I have linguistic proficiency in English and the target language(s) selected above for which I am seeking CCHI credentials. *:	Yes	X v
O Documentation of English Language Proficiency*:	40-hr-Training Certificate.pdf 🛓 🗋 面	
Documentation of Other Language Proficiency*:	Lang proficiency-Non-English.pdf 🏢	
		_

#### Attestations: Statement of Understanding

I hereby apply for certification offered by CCHI, having read and understood the eligibility criteria contained within this application. I certify that I meet all eligibility requirements. I further certify that all of the information that I have provided in connection with my application is accurate and complete to the best of my knowledge and ability. I understand that CCHI will rely upon the information that I have provided in evaluating this application and that providing false information will disqualify me from receiving or maintaining any credential offered by CCHI.

CCHI reserves the right to reject an application based on incomplete or inaccurate information, and further reserves the right to withdraw the certification credential if the applicant has already been awarded the credential prior to the discovery of the incomplete or inaccurate information.

If I am informed that my application to take a certification examination has been denied, I understand that I may appeal in writing to CCHI. I agree to accept CCHI's decision upon any appeal.

Lunderstand that, if a CHI" oral performance examination is NOT offered in the non-English language in which I interpret, passing the CoreCHI" written multiple-choice examination will result in the certification of a Core Certification Healthcare Interpreter". I understand the Core Certification Healthcare Interpreter" certification is not language expecific and does not assess my language proficiency in English or the language in which I interpret. Jagree to only display and represent my certification cedential in the manner approved by CCHI, and Lagree to comply with any and all policies and procedures adopted by CCHI in connection with the CoreCHI" certification.

I understand that, if a CHI<sup>™</sup> oral performance examination IS offered in the non-English language in which interpret, I am not eligible to receive the Core Certification Healthcare Interpreter<sup>™</sup> (CoreCHI<sup>™</sup>). I understand that I am required to take and pass <u>both</u> the CoreCHI<sup>™</sup> written multiple-choice and a language-specific CHI<sup>™</sup> oral performance examination in order to be awarded the certification of a Certified Healthcare Interpreter<sup>™</sup>. I agree to only display and represent my certification order to be awarded the certification of a Certified Healthcare Interpreter<sup>™</sup>. I agree to only display and represent my certification credential in the manner approved by CCHI, and I agree to comply with any and all policies and procedures adopted by CCHI in connection with the CHI<sup>™</sup> certification.

If a CHI<sup>®</sup> oral performance examination is offered in the non-English language in which I interpret, and if I pass the CoreCHI<sup>®</sup> written multiple-choice examination, I understand that I will have ONE (1) year in which to pay for and take the CHI<sup>®</sup> oral performance examination in understand that if I do not take the CHI<sup>®</sup> oral performance examination within one year, I must pay the CoreCHI<sup>®</sup> examination fee again and retake the CoreCHI<sup>®</sup> written multiple-choice examination before taking the CHI<sup>®</sup> oral performance examination.

I understand that the application fee and any examination fee are non-refundable, and I agree not to reverse any online payments made to CCHI. I agree to inform CCHI in writing of any fee-related questions I may have. I understand that any examination fee is for one exam administration only.

I understand that if I fail either the CoreCHI<sup>™</sup> written multiple-choice or CHI<sup>™</sup> oral performance examinations, I must wait for the CCHI-determined period before I can re-take an examination and pay a full examination fee again. I may retake either examination up to three times within one year.

Lunderstand that I must pay the CoreCHI<sup>™</sup> examination fee at the time of my application. If my application is denied, CCHI will refund the CoreCHI<sup>™</sup> examination fee within 10 business days. If my application is accepted, I will receive a Notice to Schedule and must schedule the CoreCHI<sup>™</sup> examination within 6 months. If I fail to schedule the CoreCHI<sup>™</sup> examination fee within these 6 months, my application becomes inactive, and I will have to re-apply and pay a new combined application and examination of ee.

I understand that if I need any ADA accommodation for taking an examination, I must comply with CCHI's ADA Accommodation Policy and submit to CCHI all required documentation electronically and at least 4 weeks prior to scheduling my examination.

I understand that all examination content is confidential. I agree not to discuss it with anyone except for CCHI authorized representatives if needed to exercise my right to provide feedback, describe exam irregularity or appeal. I understand that disclosure of the examination content is a violation of CCHI's Disciplinary Policy, and CCHI will apply sanctions deemed appropriate pursuant to the said policy and may seek legal action against me.

I understand that the facts of my submitting the application, passing the CoreCHI<sup>®</sup> exam, being awarded or renewing a certification credential will be made public in CCHI's online Registry. I agree to this display of my name, primary language, and state with the facts of restification process in CCHI's online Registry. I agree to the display in the certification credential will be made public in CCHI's online Registry. I agree to the display of my name, primary language, and state of residence, and the date of credential award and renewal. CCHI will not display any other information, including but not limited to my email address, without my consert. I understand that if I want my email address to be displayed in the online Registry. I have to select an appropriate setting in my account myself.

I agree to abide by all CCHI's policies, including but not limited to CCHI's Confidentiality and Disciplinary Policies as well as all instructions regarding taking any of CCHI's examinations.

I agree to indemnify and hold harmless any and all directors, officers, agents, and employees of CCHI from any and all liability arising in connection with the offering, taking, grading, and/or reporting of these tests. By submitting this application, I understand and agree to all of the aforementioned.

I agree to the statement above*:	Select Attest - SOU	*	
	Yes		
		Back Cancel	Complete Stateme



#### × Attestations: Statement of Understanding I hereby apply for certification offered by CCHI, having read and understood the eligibility criteria contained within this application. I certify that I meet all eligibility requirements. I further certify that all of the information that I have provided in connection with my application is accurate and complete to the best of my knowledge and ability. I understand that CCHI will rely upon the information that I have provided in evaluating this application and that providing false information will disgualify me from receiving or maintaining any credential offered by CCHI. CCHI reserves the right to reject an application based on incomplete or inaccurate information, and further reserves the right to withdraw the certification credential if the applicant has already been awarded the credential prior to the discovery of the incomplete or inaccurate information. If I am informed that my application to take a certification examination has been denied, I understand that I may appeal in writing to CCHI. I agree to accept CCHI's decision upon any appeal Lunderstand that if a CHI? oral performance examination is NOT offered in the non-English language in which Linterpret passing the CoreCHI? written multiple-choice examination will result in the certification of a Core Certification Healthcare Interpreter\*. I understand the Core Certification Healthcare Interpreter\* certification is not language-specific and does not assess my language proficiency in English or the language in which I interpret. I agree to only display and represent my certification credential in the manner approved by CCHI, and I agree to comply with any and all policies and procedures adopted by CCHI in connection with the CoreCHI<sup>™</sup> certification. I understand that, if a CHI<sup>®</sup> oral performance examination IS offered in the non-English language in which I interpret. I am not eligible to receive the Core Certification Healthcare Interpreter<sup>®</sup> (CoreCHI<sup>®</sup>). I understand that I am required to take and pass both the CoreCHI<sup>®</sup> written multiple-choice and a language-specific CHI<sup>®</sup> oral performance examination in order to be awarded the certification of a Certified Healthcare Interpreter<sup>®</sup>. I agree to only display and represent my certification credential in the manner approved by CCHI, and I agree to comply with any and all policies and procedures adopted by CCHI in connection with the CHI\* certification. If a CHI\* oral performance examination is offered in the non-English language in which I interpret, and if I pass the CoreCHI\* written multiple-choice examination, I understand that I will have ONE (1) year in which to pay for and take the CHI" oral performance examination. I understand that if I do not take the CHI" oral performance examination within one year, I must pay the CoreCHI" examination fee again and retake the CoreCHI" written multiple-choice examination before taking the CHI™ oral performance examination. I understand that the application fee and any examination fee are non-refundable, and I agree not to reverse any online payments made to CCHI. I agree to inform CCHI in writing of any fee-related questions I may have. I understand that any examination fee is for one exam administration only. Tunderstand that if I fail either the CoreCHI\* written multiple-choice or CHI\* oral performance examinations. I must wait for the CCHI-determined period before I can re-take an examination and pay a full examination fee again. I may retake either examination up to three times within one year. I understand that I must pay the CoreCHI<sup>TM</sup> examination fee at the time of my application. If my application is denied, CCHI will refund the CoreCHI<sup>TM</sup> examination fee within 10 business days. If my application is accepted, I will receive a Notice to Schedule and must schedule the CoreCHIT examination within 6 months. If I fail to schedule the CoreCHIT examination fee within these 6 months my application becomes inactive, and I will have to re-apply and pay a new combined application and examination fee I understand that if I need any ADA accommodation for taking an examination, I must comply with CCHI's ADA Accommodation Policy and submit to CCHI all required documentation electronically and at least 4 weeks prior to scheduling my examination. I understand that all examination content is confidential. I agree not to discuss it with anyone except for CCHI authorized representatives if needed to exercise my right to provide feedback, describe exam irregularity or appeal. I understand that disclosure of the examination content is a violation of CCHI's Disciplinary Policy, and CCHI will apply sanctions deemed appropriate pursuant to the said policy and may seek legal action against me. I understand that the facts of my submitting the application, passing the CoreCHI" exam, being awarded or renewing a certification credential will be made public in CCHI's online Registry. I agree to this display of my name, primary language, and status in the certification process in CCHI's online Registry. I agree to the display in the Registry of my city, zip code, and state of residence, and the date of credential award and renewal. CCHI will not display any other information, including but not limited to my email address, without my consent. I understand that if I want my email address to be displayed in the online Registry, I have to select an appropriate setting in my account myself. I agree to abide by all CCHI's policies, including but not limited to CCHI's Confidentiality and Disciplinary Policies as well as all instructions regarding taking any of CCHI's examinations. I agree to indemnify and hold harmless any and all directors, officers, agents, and employees of CCHI from any and all liability arising in connection with the offering, taking, grading, and/or reporting of these tests. By submitting this application. I understand and agree to all of the aforementioned. Lagree to the statement above\*:

Yes



X v

# When all 4 section are 'green' – click Submit Application

Educational Backgroup	ind		Units Accepted 2 Units Added 2 Units Required
Watch a video shout the applicat	ion process at https://woutu.be/HhNeput.e.l	n Diasee tall us shout academic dagrees you have	earned Start with your high school diploma
or GED (required) and continue th	arough your highest degree. (show more)	o. Prease ten as about academic degrees you have	Add Diploma
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Healthcare Interpreter	r Training		Units Accepted 46 Units Added 46 Units Required
Please describe your most releva training. ( <u>show more</u> )	nt 40 hours of healthcare interpreter trainin	g by clicking the "Add Activity" button to the right. V	Vorking as an interpreter does not count as
Training Activity	Completion Date	Hours	
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Best trainer	8/17/2020	40	Le Activity Recorded
🤣 Primary Language			Compl
Required Select the primary	y language for which you are seeking a CCH	l credential.	
Arabic			S Language Selecte
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Statements of Unders			



# Learn about CoreCHI<sup>™</sup> testing modalities and how to schedule your exam

Registry	You may submit your application wh to the payment screen, you need to tabs on the left, review the informati you may request an ADA accommon	en all the sections are complete, and the "Subr eview the information about the online testing on, and answer the questions. When done, to s lation at this time (review CCHI's ADA accomp	nit Application" button is orange. Before you can pro of the CoreCHI exam and exam scheduling. Click or ubmit the application, click on the "Pay fees" button odation policies) by clicking the blue "Request ADA	oceed n the . OR
tion (01	"status" will have changed to "Under	Review." You are then finished and can log out	win return to the approaches section, and the appr	Calloff
is: Your	Main Section	Please provide any comments to CCHI:		Sub
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preter Traini	Scheduling the CoreCHI > Exam			ctivity ded
Languag			< Previo: Nex	α >
f your langua		Opt Out	Request ADA Accommodation Gancel Pa	Canada

#### CCHI Application: Complete Eligibility Requirements: Overview of Online Testing

"Request ADA accommodation" button. After you have successfully paid for your application, you will return to the applications section, and the application 'status' will have changed to "Under Review." You are then finished and can log out.

×

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(01	Main Section	>	Before you submit the application, please read the following information about the testing process. There are now two ways to take your CoreCHI™ ("written") certification exam. You have
	Overview of Online Testing		the option to take your exam either in a physical Prometric test center or ONLINE at a location of your choice where you must be in a private room with a closed door and provide a computer with a camera, microphone, and a stable internet connection. Please read through the next screens
ack	Technical Requirements	>	and answer the questions. After you read all the information, you will be able to pay for the application and submit it. NOTE: When you click on any of the external links provided in the following sections, you will
ie ar cont	Computer System Check for Online Testing	>	open in a new browser tab/window, and you will be at a webpage outside of this application. After you read the information on that webpage or perform a necessary task, return to this tab/window (of the browser).
	Online ProProctor Experience	>	Online, "at-home" exams are administered using Prometric's ProProctor" application. If you choose this option, you will need to download it after you receive the confirmation of the scheduled appointment. We explain how to download the app later.
	Room Requirements for Online Testing	>	During the exam check-in process, you will be asked to show a valid ID with your photo. The name on that ID must match the name on the Notice to Schedule that we email to you after the application is approved (which is the full name on your account). If, when you receive our Notice, you see that the name does not match, email your ID to us as an attachment to
terp	o-line France		apply@cchicertification.org. You must take care of any name adjustments as soon as possible upon receiving the Notice and at least 7 business days before the date of your scheduled exam.
nost	Termination Information	>	All exams are continuously monitored by remote proctors in a live format, and video and audio recording of the whole process is performed as well.
raini	Scheduling the CoreCHI Exam	>	Proctors may terminate the exam at any time for violations of the testing requirements and protocols. It is your responsibility to comply with all the requirements. Keep in mind that if you violate any of the testing procedures, CCHI may impose disciplinary sanctions <i>in addition</i> to the termination of the second
			termination of the exam. There are no refunds if your test is not administered due to your failure to meet the security or system requirements or if it is terminated for violation of the testing protocols.
Jao			Did you read and
ngua			understand the information provided above?*:
the p			Select Overview answer
			Ves
fUr			< Previou Next >

		Power Source Please plug your device directly into a power source, unattached from a docking	
ry	Overview of Online > Testing	station.	
		Web Browser	
(01	Technical Requirements	Laternet Connection	
	Computer System > Check for Online	Speed 0.5 mbps or greater. You cannot use your phone for tethering because the exam cannot be taken on the phone and only one device is allowed in the room.	
un v	resting	Wi-Fi Connection	
lack	Online ProProctor	Please position your device where you can receive the strongest signal. For the best experience, please use an Ethernet cable to connect directly to the router, and make sure there is no additional load on your wi-fi connection from other users such as streaming videos, music, or games. Lack	
cont	Room Requirements for > Online Testing	of signal strength during your exam may cause you to lose connection to our system (your exam). Screen Resolution	
	Online Exam	1024 x 768 is the minimum resolution required.	
	Termination Information	*Keep in mind that If the exam you are taking displays PDF documents, any resolution below 1920 x 1080 will display PDF documents in a separate window.	
	Scheduling the CoreCHL &	Uperating System	
terp	Exam	*iPad/Android tablets and Chromehonks are not currently supported. Microsoft Surface or similar	
nost		can be used only when configured in laptop mode and with single camera hardware.	
Madaca.		Audio Hardware	
		Working speakers and microphone required, wired headphone and microphone allowed.	
raini		IMPORTANT: To ensure a seamless security check-in process, we require that you take your test using an undocked computer with a movable web-camera.	
		BE ADVISED: You must be using only a laptop or desktop computer for your exam. No dual- monitor configurations are permitted for testing (i.e.: a desktop with two monitors or a laptop with a separate monitor).	
uag			
ingua		Do you agree to meet the above	
the p		requirements if you decide to take the	
		CoreCHI exam at home in the online	
		modality?*:	



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Select System Check run answer \*



#### 1 🔄 System Readiness Check

Before installing the ProProctor application, you can run a system readiness check. This lets us know whether your operating system is compatible to install and run the ProProctor application so that you can take a remotely proctored exam.



the ProP	roctor application	n.	e to make sure it is runy compatible with
2	Screen Resolution	0	Berus
Ō	Operating System Withdows 10	0	Your system has passed the requirement check.
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0	Webcam ext a total	0	Congdets
•	Download Speed 404.371 Kitys	0	
A	Upload Speed	0	

#### CCHI Application: Complete Eligibility Requirements: Scheduling the CoreCHI Exam

<ul> <li>To re-schedule an existing appointment for online, at-home testing (fees apply): click here</li> </ul>
<ul> <li>To cancel an existing appointment (fees apply): <u>click here</u></li> </ul>

#### Rescheduling/Cancellation Fees

Online Exam

Termination Information

Exam

Scheduling the CoreCHI

You can reschedule or cancel your exam without any fee penalty, as long as you do so more than 30 (thirty) full calendar days before your scheduled exam date. Candidates must make and confirm all cancellations/changes through the same method (online or via phone) they used to schedule their exam with Prometric. See our instructions in the Notice to Schedule email. Leaving a voice mail for Prometric or test site or CCHI is NOT sufficient to confirm cancellation/change. Your cancellation/change is only complete when you receive a confirmation via email from Prometric or CCHI's staff.

#### Rescheduling/Cancellation Fees:

 If you want to reschedule/cancel your exam more than 30 (thirty) full calendar days before the exam date, there is no additional fee. ~

- If you want to reschedule/cancel your exam within 6-30 days before the exam date, you
  must pay Prometric the \$25 reschedule/cancellation fee. The fee is paid online via
  Prometric's scheduling webpage (https://www.grometric.com/CCH).
- If you want to cancel/reschedule your already scheduled exam less than 5 calendar days before the exam date (i.e. 1-5 days before the exam date), you, FIRST, must contact CCHI and pay the \$130 reschedule/cancellation fee.
- Regardless of the testing modality (at-test-center or online), if you don't show up for the scheduled exam, OR if you are more than 10 minutes late, your exam fee is forfeited, and you'll have to contact CCHI and pay again the full exam fee (\$175 or \$275 depending on which exam you missed).

Please plan your exam date carefully. If you have any questions, contact our staff at info@cchicertification.org.

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ni-	re-schedule the	
	CoreCHI exam for	
	delivery at a physical test center?4:	
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17	how to schedule or	
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	CoreCHI exam for	
	online, at-home	
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	(Yes X *)	
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before the exam date (i.e. 1-5 days before the exam date), you, FIRST, must contact CCH/ and pay the \$130 reschedule/cancellation fee.

 Regardless of the testing modality (at-test-center or online), if you don't show up for the scheduled exam, OR if you are more than 10 minutes late, your exam fee is forfeited, and you'll have to contact CCHI and pay again the full exam fee (\$175 or \$275 depending on which exam you missed).

Please plan your exam date carefully. If you have any questions, contact our staff at info@ochicertification.org.

Please fix the following error(s):

Please re-read the above and contact us at info@cchicertification with questions. If you
are no longer interested in the online testing, click the "Opt Out" button.

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	interested in the online testing, click the "Opt Out"
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"Opt Out" button.	
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and agree to the re-	time?*:
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cancellation, and no-	105 0.7
show fees?*:	
Yes X Y	

### Pay the application and CoreCHI<sup>™</sup> exam fee

CCHI Application: Pay Fees			×
Click the Pay Fees button to make a persona	al credit card payment. We accept only online	payment from applicants	
Application Fees:	Title: Application Fee (\$35) and Fee (\$175) Amount: \$ 210.00	CoreCHI Exam	
Employer Payment Instructions:	If your employer HAS AGREED to click <b>Employer Payment</b> button a wish to cancel the Employer pay	pay for the application, please complete the information below t the bottom right. Keep in mind that <u>your application will not b</u> ment and pay yourself instead, please contact CCHI at <u>apply@c</u>	v (Company Name, Contact Name, and Contact email address) and the reviewed until CCHI has received your employer's payment. If you schicertification.org.
Company Name:	1		
Payment Contact Name:			
Payment Contact Email:			
			Back Cancel Employer Payment
Best trainer	8/17/2020	40	Lo Activity 0



Application Fee (\$35) and CoreCHI Exam Fee (\$175)		\$210.00	1	\$210.00
Total:				\$210.00
Vouchers and Discounts				
If you have a discount or voucher code, please enter it here.	Apply Code			
Payment Information				
Credit Card Information				
Total Charge Gard Type: Card Number*: CVV/CVC Code*: Expiration Date*:	\$210.00 Visa 4111111111 111 Jan 2021			
Billing Information Payment First Name*:	N			
Payment Last Name*:	Myta			
Country*:	United States			
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Zip/Postal Code*:				
Phone:	(222) 111-3333			
You will be able to review your purchase before finalizin Cancel	g.			

## **Employer Payment option**

CHI Application: Pay Fees			
Click the Pay Fees button to make a persona	l credit card payment. We accept only online payment from applicants.		
Application Fees:	Title: Application Fee (\$35) and CoreCHI Exam Fee (\$175) Amount: \$ 210.00		
Employer Payment Instructions:	If your employer HAS AGREED to pay for the application, please complete the information click <b>Employer Payment</b> button at the bottom right. Keep in mind that <u>your application wil</u> wish to cancel the Employer payment and pay yourself instead, please contact CCHI at <u>ap</u>	below (Company Name, Contact Name, and Contact email address) and I not be reviewed until CCHI has received your employer's payment. If you ply@cchicertification.org.	
Company Name:	best company		
Payment Contact Name:	best boss		
Payment Contact Email:	best.boss@best_company.com		



## **Employer Payment option**

CHI Application: Pay Fees		
Click the <b>Pay Fees</b> button to make a persona	credit card payment. We accept only online payment from applicants.	
Please fix the following error(s): • Warning: Are you sure your employer pl	ays your fees? If you are paying yourself, click Pay Fees button instead.	Ignore Warning(s) and Continue
Application Fees:	Title: Application Fee (\$35) and CoreCHI Exam     Pay Fees       Fee (\$175)     Amount: \$ 210.00	
Employer Payment Instructions:	If your employer HAS AGREED to pay for the application, please complete the information below (Company Name, Contact Name click <b>Employer Payment</b> button at the bottom right. Keep in mind that <u>your application will not be reviewed until CCHI has receive</u> wish to cancel the Employer payment and pay yourself instead, please contact CCHI at <u>apply@cchicertification.org</u> .	;, and Contact email address) and <u>d your employer's payment</u> . If you
Company Name:	best company Warning: Are you sure your employer pays your fees? If you are paying yourself, click Pay Fees button instead.	
Payment Contact Name:	best boss	
Payment Contact Email:	best.boss@best_company.com	
		Back Cancel Employer Payme



H	Certification Commission for Healthcare Interpreters			Welcome N Myta! Cycle:   9/11	/2020 - 9/10/2021 🏻 📥 My Accou	int 💽
ion	CCHI Interpreter Registry					
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П	📀 🔒 Educational Backgrour	nd		Units Accepte	d 2 Units Added 2 Units Re	equired
	Watch a video about the application p through your highest degree. (show m	you have earned. Start with your high school o	liploma or GED (required) and cor	ntinue		
	School Name	Degree	Year Graduated			
	Best High School	High School Diploma	1985		A Recorde	d ••
	Name change	High School Diploma	1999		A Recorde	d ••
	Healthcare Interpreter	Training		Units Accepted 4	6 Units Added 46 Units Red	quired 4
	Please describe your most relevant 40	D hours of healthcare interpreter training Completion Date	by clicking the "Add Activity" button to the Hours	he right. Working as an interpreter does not co	unt as training. ( <u>show more</u> )	
	Best conference	9/1/2020	6		Activity Recorde	d ••
	Best trainer	8/17/2020	40		Activity Recorde	d ••
h	📀 🔒 Primary Language				Comple	ete Any 🚺
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	Arabic	,			Language Selecte	d ••
	-					
	📀 🔒 Statements of Underst	tanding			Comple	ete Any
	Read these statements by clicking on	the button above to attest to your eligib	ility and agree to CCHI's Statement of Un	nderstanding. ( <u>show more</u> )		
					Awaiting Review	

Your application will not be reviewed until CCHI receives employer payment.

If you wish to reverse this and pay yourself, contact our Registrar at apply(a)cchicertification.org.

Upon payment, CCHI reviews application within 7 days.

## Happy Testing!

**CCHI** 

NATIONAL, VALID, ACCREDITED, INCLUSIVE

#### info@cchicertification.org



**Certification Commission for Healthcare Interpreters** 

www.cchicertification.org