**CCHI’s Subject Matter Expert (SME) Application**

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**How to submit this application:**

All applications must be submitted electronically via **email to** solutions@cchicertification.org **as attachments. Please send the following two (2) files for a complete application:**

1. This filled out application, attached as an MS Word file (make sure to answer all questions and complete all sections, save this file with a name that includes your last name)
2. Your full resume, attached as a pdf or MS Word file.

\* If you need more space, add it in a corresponding question/section as needed. Blank application consists of seven (7) pages.

**SME Position you are applying for:**

CoreCHI™ test development CHI™ test development

CHI™ rater Other project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you participated as an SME in CCHI projects?**

No Yes

If *Yes*, please specify the year and project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you participated as an SME in test development projects for any other certification program?**

No Yes

If *Yes*, please specify the year and project:

**SECTION 1 – Personal Information**

**1. Applicant’s name:**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your main email address for contact by CCHI:**

**Please specify which address (phone, email) should CCHI use:**  home  business

**2. Home contact information:**

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Business Contact Information (if applicable):**

Organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your primary employer or contractor? Yes No

If No, please describe your relationship to this organization:

Business address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Personal Demographics:**

**Gender:**  Female  Male  Gender variant/non-conforming  Prefer not to answer

**Age:**  18 to 30 30 to 45 45 to 60 >60

**Race (U.S. Census categories):** American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

**5. Education** **level** **(check all that apply):**

High School/GED: Graduation year: Country:

Bachelor’s degree: Graduation year: Country:

Associate’s degree: Graduation year: Country:

Master’s degree: Graduation year: Country:

PhD: Graduation year: Country:

Other, please explain:

Graduation year (if applicable): Country:

Other, please explain:

Graduation year (if applicable): Country:

Other, please explain:

Graduation year (if applicable): Country:

**6. Certification and credentials:**

CoreCHI™, CCHI ID #

CHI™, specify language(s): CCHI’s ID #

State Court Interpreter Certification, specify state:

ATA Certification, specify language direction:

Other, please specify or state “none”:

**7. Your native language** (if raised in a bilingual environment, list both and explain):

**8. Your country of origin** (used only for diversity representation)**:**

**9. List language(s) in which you interpret (start with the strongest/native):**

***Example:*** 1. Native: Spanish Country/Regional variation: Chile

 2. English Country/Regional variation: England, then USA

 3. French Country/Regional variation: France

1. Native: Country/Regional variation:
2. Country/Regional variation:
3. Country/Regional variation:
4. Country/Regional variation:

**10. Language fluency levels** (put an X next to your level, for English and your main non-English language):

|  |  |  |
| --- | --- | --- |
| **English:** |  | **Your main non-English language:** |
|  | Native speaker |  |  | Native speaker |
|  | Non-native speaker |  |  | Non-native speaker |
|  | Heritage speaker |  |  | Heritage speaker |

If necessary, provide an explanation:

**11. What is your current position?** (check all that apply)

I am a staff healthcare interpreter. Please, specify: full-time part-time hourly

I am a freelance healthcare interpreter

I am a healthcare interpreter trainer/educator

 Do you participate as instructor, developer, or reviewer in courses/programs leading to certification (e.g. exam preparation, beginner-level)? Yes No

I am a healthcare interpreter services manager

I am a bilingual healthcare provider. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a foreign language teacher. Please specify language:

 Please specify level (grade, college, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a translator.

 Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Type of organization you most frequently interpret for** (if applicable):

 for-profit  non-profit

**13. Years of working experience as interpreter. How long have you been a healthcare interpreter (if applicable)?**

* *Staff* – working in a full- or part-time (minimum .5 FTE) position (this can be at a healthcare facility/provider or working for a language services agency).
* *Freelance* – the majority of your interpreting work must be health care-related.

⬜ **I’m NOT an interpreter**

⬜ 1 year ⬜ 2 years ⬜ 3-4 years ⬜ 5 years ⬜ 6-10 years ⬜ > 10 years

**If you have experience in any of the following areas**, please place an X in the corresponding field:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Years** | **Court interpreter** | **Interpreter educator** | **Interpreter manager** | **Healthcare provider** | **Translator** | **Foreign Language instructor** |
| 1-2 years |  |  |  |  |  |  |
| 3-5 years |  |  |  |  |  |  |
| 6-10 years |  |  |  |  |  |  |
| 10+ years |  |  |  |  |  |  |

**14. How frequently do you interpret in healthcare settings?** (if applicable)

< 2 hours per week 3-14 hours per week 15-20 hours per week

21-39 hours per week 40 hours per week Other (please specify):

**15. How do you interpret in healthcare settings?** (Place an X in each column for a corresponding frequency)

|  |  |  |  |
| --- | --- | --- | --- |
| **Frequency** | **In-person** | **Over the phone** | **Video Remote** |
| Most frequently |  |  |  |
| Frequently |  |  |  |
| Seldom |  |  |  |
| Non-applicable |  |  |  |

**16. In which setting(s) do you interpret?** (Place an X in each column for a corresponding frequency)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Frequency** | **Hospital** | **Physician practice** | **Outpatient clinic** | **Home health** | **Public health** | **Health plans** | **Other, specify:** |
| Most frequently |  |  |  |  |  |  |  |
| Frequently |  |  |  |  |  |  |  |
| Now and then |  |  |  |  |  |  |  |
| Seldom |  |  |  |  |  |  |  |

**17. In which geographic setting(s) do you interpret?** (Place an X in each column for a corresponding frequency.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Frequency** | **Urban** | **Suburban** | **Rural** |
| Most frequently |  |  |  |
| Frequently |  |  |  |
| Seldom |  |  |  |
| Non-applicable |  |  |  |

**18. What are your strongest skills and abilities that are relevant to this SME application?** (Place an X in each column for a corresponding frequency.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skill/ knowledge level** | **Knowledge of the healthcare interpreting profession and industry** | **Knowledge of the healthcare interpreting ethics and standards of practice** | **Interpreting skills: consecutive, simultaneous, sight translation**  | **Written translation** | **Editing/ reviewing documents** | **Evaluating interpreters** |
| Master/ Strongest |  |  |  |  |  |  |
| Advanced |  |  |  |  |  |  |
| Intermediate |  |  |  |  |  |  |
| Beginner |  |  |  |  |  |  |
| Non-applicable |  |  |  |  |  |  |

***Please continue to SECTION 2.***

**SECTION 2 – References**

**Please provide two (2) professional references:**

**1. First and last name:**

Email address:

Direct phone number:

Organization:

Your affiliation with this person:

**2. First and last name:**

Email address:

Direct phone number:

Organization:

Your affiliation with this person:

**SECTION 3 – Writing Sample**

**Please choose one of the following topics to write a 300-500 words essay. Writing samples less than 300 words will not be considered.**

1. Advocacy and its relation to confidentiality are, arguably, the hardest ethical principles for healthcare interpreters to explain and apply in their daily practice. Give an example clarifying an aspect of how advocacy and confidentiality principles can be successfully applied.
2. Cultural responsiveness is a foundational concept of the healthcare interpreter code of ethics. Give a specific example when an interpreter needs to make a decision to intervene and provide cultural clarification to a provider, and exemplify how it should be done (feel free to offer a couple of solutions).
3. Discuss barriers to healthcare interpreter certification and ways to overcome them. Give specific examples.
4. Discuss challenges that the healthcare interpreting profession and industry are facing now and in the next 3-5 years. Give specific examples.
5. CCHI’s certification is intended for an entry-level interpreter. Discuss what knowledge and skills distinguish an entry-level healthcare interpreter from a lay bilingual person, from another linguist, and from a master-level healthcare interpreter. Give specific examples.

{Type your essay here. Use as much space as you need, and keep in mind that it must be within the 300-500 words limit.}

**SECTION 4 – Please provide your *bio* (150 words maximum):**

{Type your bio here.}

***Thank you for choosing CCHI!***