

## CCHI Applicant's Statement of Understanding

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(Applicants must accept this statement as part of the online application.)

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.**

I understand that **I may choose the CoreCHI™ exam delivery modality, either at a test center within the U.S. or via a remote-proctored online platform.** If I choose the remote-proctored online modality, I agree to comply with all technical (software and hardware), room, and procedural requirements explained in this application and on CCHI's website.

I understand 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-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™ certification.

**I understand that, if a CHI™ 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™ (CoreCHI™).** I understand that I am required to take and pass both the CoreCHI™ written multiple-choice and a language-specific CHI™ oral performance examination in order to be awarded the certification of a Certified Healthcare Interpreter™. 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 the CHI™ oral performance examination is administered only at test centers in the U.S.** 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 is non-refundable, and the examination fees are subject to CCHI Refund Policy.** 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 written CoreCHI™ 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 take either examination up to three times within one year.** If I fail an examination for the third time, I must wait 12 months before I can pay for and take the examination again. Starting with this fourth attempt, I may take that examination only once every 12 months. Additionally, after failing the CHI™ exam for the third time, I will have to re-take the CoreCHI™ exam *before* each subsequent CHI™ exam retake.

I understand that I must pay the CoreCHI™ examination fee at the time of my application. If my application is denied, CCHI will refund the CoreCHI™ examination fee within 10 business days. **If my application is accepted, I will receive a Notice to Schedule and must schedule the CoreCHI™ examination within 6 months.** If I fail to schedule the CoreCHI™ 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 no later than 45 days prior to scheduling my examination.**

I acknowledge, agree, and **consent to the audio and video recording of my testing experience,** and for remotely proctored exams this includes my desk and personal workspace. I acknowledge and agree to be monitored during the testing session in real time and recorded during the testing session. I acknowledge and agree that there is no right to privacy during the test check-in process or test session and explicitly waive any and all claims asserting a right to or violation of my privacy with regards thereto.

**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.