**How to submit this application:**

All applications must be submitted electronically via **email to** [solutions@cchicertification.org](mailto: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. **This blank application consists of six (6) pages.**

**SME Position you are applying for:**

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

ETOE™ test development 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:

State where Business is located:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. 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”:

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

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

**7. 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:

**8. Years of professional experience as *healthcare* interpreter.** Please indicate **years of professional (paid) interpreting in healthcare settings**, OR **years since you have obtained CCHI certification**, if you are not employed as a healthcare interpreter.

⬜ **I’m NOT an interpreter**

⬜ 2 years or less ⬜ 3-4 years ⬜ 5 years ⬜ 6-10 years ⬜ more than 10 years

**9. How frequently do you interpret in healthcare settings specifically?**

Occasionally, less than 2 hours per week Less than full-time 3-31 hours per week

Full time (32+ hours per week) Other (please specify):

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Frequency** | **Hospital** | **Outpatient clinic** | **Home Health** | **Public Health** | **Insurance Plans** | **Other, specify:** |
| Most frequently |  |  |  |  |  |  |
| Frequently |  |  |  |  |  |  |
| Now and then |  |  |  |  |  |  |
| Seldom |  |  |  |  |  |  |

**11. How, in what modality, 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 |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Level** | **Graduation year** | **Country** |
|  | High school/GED |  |  |
|  | Bachelor’s Degree |  |  |
|  | Associate’s Degree |  |  |
|  | Master’s Degree |  |  |
|  | PhD |  |  |
|  | Other: |  |  |
|  | Other: |  |  |
|  | Other: |  |  |

**13. Personal Demographics:**

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

**Age:**  18 to 30 31 to 45 46 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

**14. Language fluency levels** (put an X in the corresponding level for English and your main non-English language):

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

If necessary, provide an explanation:

**15. Can you type on the computer (keyboard) in your main non-English language?**

Yes Yes, but I do not have proper software.

No No, but I can write (in handwriting).

**16. What is your current role and employment status (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17. Additional Experience. 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 |  |  |  |  |  |  |

**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 |  |  |  |  |  |  |

**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. Why did you choose to become a healthcare interpreter? Detail the steps that led to this career path for you.
2. Cultural responsiveness is a foundational concept of the healthcare interpreter code of ethics. Explain one or a few situations where you have been called upon to provide cultural clarification between patient and provider.
3. Describe a challenge you faced early in your interpretation career and how you resolved it. What did you learn from the experience? How would you handle the situation differently now?
4. Discuss the valuable lessons you have learned from a trusted mentor or colleague in the language or healthcare industries.

{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!***