

**DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH
CHAPTER 333**

DIVISION 002

**STANDARDS FOR REGISTRY ENROLLMENT, QUALIFICATION AND
CERTIFICATION OF HEALTH CARE INTERPRETERS**

333-002-0000

Purpose

Title VI of the Civil Rights Act of 1964 mandates that no person in the United States shall, on grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The purpose of these rules is to establish a central registry and procedures for the qualification and certification of health care interpreters for persons with limited English proficiency. A person may not use the title of “Qualified Health Care Interpreter” unless that person has been issued a valid letter of qualification by the Department under the provisions of OAR 333-002-0140. A person may not use the title of “Certified Health Care Interpreter” unless that individual has been issued a valid certificate by the Department under the provisions of OAR 333-002-0150.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0010

Definitions

As used in Division 002 of OAR Chapter 333:

- (1) “Applicant” means any person who has applied under OAR 333-002-0050 for registry enrollment; or qualification; or certification as a Health Care Interpreter for any of the following languages: Cantonese, Korean, Mandarin, Russian, Spanish, or Vietnamese. The state reserves the right to encompass additional languages at a later date.
- (2) “Central Registry” means a registry of individuals recognized as Health Care Interpreters and maintained by the Department in accordance with OAR 333-002-0030.
- (3) “Certified Health Care Interpreter” means a person who has been issued a valid certificate by the Department under the provisions of OAR 333-002-0150.
- (4) “Consecutive Interpreting” means the conversion of a speaker or signer’s message into another language after the speaker or signer pauses.
- (5) “Department” means the Department of Human Services.
- (6) “Formal Training” means training obtained in a formal academic setting, seminars, in-service trainings, or other distance learning.
- (7) “Fluency” means ability to interpret the dialect, slang, or specialized vocabulary of a language.
- (8) “Health Care” means medical, surgical, clinic, hospital, home health, mental health, public health presentations or any other remedial care recognized by state law.
- (9) “Health Care Interpreter” means any person who provides interpreting services in a health care setting whether they are an employee, contractor, volunteer, student, or intern.

- (10) “Interpreting Knowledge” means an entry-level range of interpreting knowledge and skills that includes but may not be limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.
- (11) “Interpreting Proficiency” means a wide range of interpreting knowledge and skills that includes but may not be limited to: language fluency, ethics, cultural competency, terminology, integrated interpreting skills and translation of simple instructions.
- (12) “Interpreting Services” means the process of understanding and analyzing a spoken or signed message and re-expressing that message completely, accurately and objectively in another language, taking the cultural and social context into account.
- (13) “Limited English Proficient” or “LEP” means a legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter.
- (14) “Office of Multicultural Health” or “OMH” means the central administrative support office of the Department responsible for implementing and maintaining the requirements of ORS 409.615 to 409.623.
- (15) “OMH Health Care Interpreter Advisory Board” means the advisory body of language and health care interpreting subject matter experts comprised of industry professionals, educators and community representatives.
- (16) “Qualified Health Care Interpreter” means a person who has been issued a valid letter of qualification by the Department under the provisions of OAR 333-002-0140.
- (17) “Remote Interpreting” means interpreting services provided via telephone, video, online or any other electronic means where one of the principal participants (patient or provider), is present in Oregon.
- (18) “Sight Translation” means translation of a written document into spoken/signed language.
- (19) “Simultaneous Interpreting” means converting a speaker or signer’s message into another language while the speaker or signer continues to speak or sign.
- (20) “Translation” means the conversion of written text into a corresponding written text in a different language.
- (21) “Verifiable Evidence” means documented proof of Health Care Interpreter experience obtained within the 24 months preceding the application date. Such documentation may include: employer endorsement, pay statement, services contract, remittance advice, and/or student practicum/intern time log.
- (22) “Written verification” means documented proof of Health Care Interpreter training. Such documentation may include: official transcripts, a certificate of completion and/or an endorsement from an agency or institution whose training curriculum is approved by the Department.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0020

Health Care Interpreter Services

Any individual providing Consecutive Interpreting, Interpreting Services, Remote Interpreting, Sight Translation or Simultaneous Interpreting as defined in this Division may:

- (1) Voluntarily meet the eligibility standards for registry enrollment established in OAR 333-002-0040 and be added to the central registry under the provisions of OAR 333-002-0130; or

(2) Voluntarily meet the requirements of qualification established in OAR 333-002-0040 and be issued a valid letter of qualification by the Department under the provisions of OAR 333-002-0140; or

(3) Voluntarily meet the requirements of certification established in OAR 333-002-0040 and be issued a valid certificate by the Department under the provisions of OAR 333-002-0150.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0030

Central Registry

The Department will maintain a central registry of individuals providing Health Care Interpreter Services as defined in 333-002-0020.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0035

Fees

The Department establishes the following Health Care Interpreter program fees:

(1) An HCI Registry Enrollment Application shall have a fee of \$25 per application.

(2) An HCI Registry Renewal Application shall have a fee of \$25 per application.

(3) An HCI Qualification Application and Request for Evaluation shall have a fee of \$300 per application.

(4) An HCI Certification Application and Request for Evaluation shall have a fee of \$300 per application.

(5) An HCI Interpreting Skills Assessment shall have a fee of \$400 per attempt.

(6) An HCI Certification Renewal Application shall have a fee of \$100 per application.

(7) An HCI External Transcript Review Request shall have a fee of \$50 per request.

(8) An HCI Expedited Application Processing Request shall have a fee of \$50 per request.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0040

Eligibility Standards for Registry Enrollment, Qualification and Certification

(1) Applicants seeking enrollment in the health care interpreter registry must:

(a) Be at least 18 years of age;

(b) Submit applicable forms and fees (as established in OAR 333-002-0035);

(c) Successfully complete the Health Care Interpreter orientation session provided by the Department;

(d) Agree to abide by the National Code of Ethics for Interpreters in Health Care as established by OAR 333-002-0100; and

(e) Agree to abide by the National Standards of Practice for Interpreters in Health Care as established by OAR 333-002-0110.

(2) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking qualification must be able to:

(a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;

- (b) Provide verifiable evidence of 30 hours of experience; and
- (c) Demonstrate health care interpreting knowledge by passing qualification skill evaluation offered by the Department as defined in OAR 333-002-0070.
- (3) In addition to complying with the requirements set out in section (1) of this rule, applicants seeking certification must be able to:
 - (a) Provide written verification of at least 60 hours of formal training as defined in OAR 333-002-0060;
 - (b) Provide verifiable evidence of 30 hours of experience; and
 - (c) Demonstrate health care interpreting proficiency by passing certification skill evaluation and assessment offered by the Department as defined in OAR 333-002-0070.
- (4) The Department will accept formal training from entities outside of Oregon who can demonstrate that their criteria are equal to or exceed Oregon criteria as established by this Division and Department policy. Applicants holding written verification from outside entities do not need to retake training however; they must satisfy the requirements as set forth in sections (1), (2) and (3) of this rule.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0050

Application Procedure

- (1) Upon request, the Department will provide an application packet to any individual seeking registry enrollment; qualification; or certification as a Health Care Interpreter.
- (2) Applicants must submit standard forms along with required documentation and fees (as established in OAR 333-002-0035) to the Department.
- (3) All application materials submitted in a language other than English must be accompanied by:
 - (a) An accurate translation of those documents into English;
 - (b) A notarized affidavit certifying that the translator is competent in both the language of the document and the English language; or
 - (c) A notarized affidavit certifying that the translation is a true and complete translation of the foreign language original.
- (4) Any translation costs for documents required by the Department will be at the expense of the applicant.
- (5) If the Department determines that the application and submitted documentation are acceptable; skill evaluation, skill assessment and/or a Department approved orientation session will be scheduled, as required.
- (6) If the Department determines that the application is not complete or that the required documentation is not acceptable, the applicant will be notified within 30 days of receipt. An incomplete application includes, but is not limited to, an application in which:
 - (a) Required information or original signatures are not provided; or
 - (b) Required forms, documentation or fees (as established in OAR 333-002-0035) are not submitted.
- (7) Applicants may withdraw from the process at any time by submitting written notification to the Department.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0060

Training Requirement

(1) Qualified and Certified Health Care Interpreter applicants must provide written verification of the successful completion of formal training. Required subjects include Medical Terminology, Anatomy, Physiology, Concepts and Modes of Health Care Interpreting and Health Care Interpreting Ethics. Applicants must meet or exceed the minimum training requirement for the credential being sought.

(2) Each Qualified and Certified Health Care Interpreter applicant must complete at least 60 hours of Department approved training, including a minimum of:

(a) 52 hours of integrated Medical Terminology, Anatomy and Physiology, Introductory Health Care Interpreting Concepts and Modes; and

(b) Eight hours of Health Care Interpreting Ethics.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0070

Skill Evaluation and Assessment

(1) Qualification skill evaluations will be held at least twice annually in multiple locations state-wide.

(2) Certification skill evaluations and assessments will be held at least twice annually in multiple locations state-wide.

(3) All evaluations and assessments are given in English and the foreign language for which qualification or certification is being sought.

(4) Applicants will be notified by mail, postmarked at least two weeks before each scheduled evaluation or assessment, of the time and place.

(5) Applicants who request an extension in writing to the Department, postmarked 45 days in advance of a scheduled evaluation or assessment, may have their fees (as established in OAR 333-002-0035) apply to a subsequent date so long as the applicant sits for the evaluation or assessment within one year of the date of extension. Only one extension will be permitted and fees will not be refunded.

(6) Applicants must pass each evaluation or assessment within 18 months of the initial attempt with a maximum of three attempts. All applicable fees (as established in OAR 333-002-0035) must be submitted for each evaluation or assessment attempt. Evaluation and assessment fees will not be refunded for failed attempts.

(7) After three failed attempts; applicants must wait one year to re-apply.

(8) The Department may elect to administer evaluations or assessments at times other than those regularly scheduled. Additional costs associated with the administration of an unscheduled evaluation or assessment will be paid by the applicant.

(9) Government issued photo identification showing the name and address of the applicant must be presented to enter an evaluation or assessment. This identification could be a valid driver's license, valid state identification card, current U.S. passport or immigration/naturalization papers.

(10) An applicant whose conduct interferes with or disrupts the testing process may be dismissed and disqualified from future evaluation and assessment. Such conduct includes but is not limited to the following behaviors:

- (a) Giving or receiving evaluation or assessment data, either directly or indirectly, during the testing process;
- (b) Failure to follow written or oral instructions relative to conducting the evaluation or assessment, including termination times and procedures;
- (c) Introducing unauthorized materials during any portion of the evaluation or assessment;
- (d) Attempting to remove evaluation or assessment materials or notations from the testing site; or
- (e) Violating the credentialing process by:
 - (A) Falsifying or misrepresenting educational credentials or other information required for admission to the evaluation or assessment;
 - (B) Having an impersonator take the evaluation or assessment one's behalf; or
 - (C) Impersonating an applicant.
- (11) Test questions, scoring keys, and other data used to administer evaluations and assessments are exempt from disclosure under ORS 192.410 to 192.505.
- (12) The Department may release statistical information regarding evaluation or assessment pass/fail rates by group, evaluation or assessment type, and subject area to any interested party.
- (13) Applicants with special needs may apply to the Department for the provision of accommodations to complete an evaluation or assessment. A request for accommodations must be made to the Department in writing no later than 30 days prior to the date of the evaluation or assessment.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0080

Skill Evaluation or Assessment Appeal

- (1) Applicants who fail to pass a Department administered evaluation or assessment may request to review their results.
- (2) The following appeal process will be utilized to request a review:
 - (a) Requests must be submitted on the standard form and received by the Department within 30 days of the Notification of Skill Evaluation or Assessment Results sent to the applicant; and
 - (b) Applicants must specifically state the reason for the appeal and why they believe the results should be modified. Applicants must identify clear and convincing evidence of error in the evaluation or assessment content, bias, prejudice or discrimination in the testing process that they feel are applicable to the appeal.
- (3) The Department will not consider any challenges to evaluation or assessment scores unless the total of the potentially revised score would result in issuance of a letter of qualification or certificate.
- (4) Evaluation or assessment appeals and all related materials including written results, audio or videotapes, evaluator comments, and information provided by the applicant will be referred to the OMH Health Care Interpreter Advisory Board for review and recommendations.
- (5) During the review, the applicants' identity will remain confidential.
- (6) The Department will not consider oral arguments from the applicant regarding an evaluation or assessment appeal unless the Department determines that further information is required.
- (7) The Department will make a determination as to whether to grant the appeal and that determination will become part of the public record.
- (8) Granting an appeal may result in the following actions:

(a) Suspension of a failing score and opportunity for the applicant to retake the evaluation or assessment at no additional expense; or

(b) Reversal of a failing score and issuance of a letter of qualification or certificate.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0090

Orientation Session

Applicants for registry enrollment, qualification and certification must attend a Department approved orientation session. Information provided during orientation sessions will include, but may not be limited to the following topics:

(1) Presentation of ORS 409.615 to 409.623 and OAR 333-002;

(2) Review of Department, Health Care Interpreter, Provider and Patient roles and responsibilities; and

(3) Review of National Code of Ethics and National Standards of Practice for Interpreters in Health Care.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0100

Code of Ethics for Interpreters in Health Care

Health Care Interpreters must adhere to the National Code of Ethics for Interpreters in Health Care as established by the National Council on Interpreting in Health Care (July, 2004; used with permission):

(1) The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.

(2) The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.

(3) The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.

(4) The interpreter maintains the boundaries of the professional role, refraining from personal involvement.

(5) The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.

(6) The interpreter treats all parties with respect.

(7) When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.

(8) The interpreter strives to continually further his/her knowledge and skills.

(9) The interpreter must at all times act in a professional and ethical manner

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0110

Standards of Practice for Interpreters in Health Care

Health Care Interpreters must adhere to the National Standards of Practice for Interpreters in Health Care as established by the National Council on Interpreting in Health Care (September, 2005; used with permission):

Standard I – Accuracy

- (1) The interpreter renders all messages accurately and completely, without adding, omitting or substituting.
- (2) The interpreter replicates the register, style, and tone of the speaker.
- (3) The interpreter advises parties that everything said will be interpreted.
- (4) The interpreter manages the flow of communication.
- (5) The interpreter corrects errors in interpretation.
- (6) The interpreter maintains transparency.

Standard II – Confidentiality

- (7) The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.
- (8) The interpreter protects written patient information in his or her possession.

Standard III – Impartiality

- (9) The interpreter does not allow personal judgments or cultural values to influence objectivity.
- (10) The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.

Standard IV - Respect

- (11) The interpreter uses professional, culturally appropriate ways of showing respect.
- (12) The interpreter promotes direct communication among all parties in the encounter.
- (13) The interpreter promotes patient autonomy.

Standard V – Cultural Awareness

- (14) The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.
- (15) The interpreter alerts all parties to any significant cultural misunderstanding that arises.

Standard VI – Role Boundaries

- (16) The interpreter limits personal involvement with all parties during the interpreting assignment.
- (17) The interpreter limits his or her professional activity to interpreting within an encounter.
- (18) The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.

Standard VII - Professionalism

- (19) The interpreter is honest and ethical in all business practices.
- (20) The interpreter is prepared for all assignments.
- (21) The interpreter discloses skill limitations with respect to particular assignments.
- (22) The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.
- (23) The interpreter is accountable for professional performance.
- (24) The interpreter advocates for working conditions support quality interpreting.
- (25) The interpreter shows respect for professionals with whom he or she works.

(26) The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.

Standard VIII – Professional Development

(27) The interpreter continues to develop language and cultural knowledge and interpreting skills.

(28) The interpreter seeks feedback to improve his or her performance.

(29) The interpreter supports the professional development of fellow interpreters.

(30) The interpreter participates in organizations and activities that contribute to the development of the profession.

Standard IX – Advocacy

(31) The interpreter may speak out to protect an individual from serious harm.

(32) The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0120

Continuing Education

The intent of Continuing Education is to protect the public by maintaining and enhancing credential holders' knowledge and skills related to health care interpreting.

(1) At renewal time Certified Health Care Interpreters must:

(a) Have completed 16 hours of continuing education.

(b) Sign and submit a Department supplied Continuing Education form and written verification indicating they have completed the required number of hours of continuing education.

(2) Continuing education must be completed within the renewal period. Contact hours taken in excess of the total number required may only be carried over to the next subsequent renewal period.

(3) Continuing education records must be maintained by the health care interpreter for a minimum of five years.

(4) If the Department finds indications of fraud or falsification of records, investigative action will be instituted. Findings may result in disciplinary action including revocation of the certificate.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0130

Registry Enrollment

(1) If the Department determines OAR 333-002-0040, OAR 333-002-0050, and OAR 333-002-0090 have been met; the applicant will be added to the central registry of Health Care Interpreters.

(2) Registry enrollment is valid for 12 months from the date of enrollment and is renewable.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0140

Letter of Qualification

(1) If the Department determines OAR 333-002-0040, OAR 333-002-0050, OAR 333-002-0060, OAR 333-002-0070, and OAR 333-002-0090 have been met; a letter of qualification will be issued.

(2) Letters of Qualification are valid for 24 months from the date of issue and are not renewable.
Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0150

Certificate

(1) If the Department determines OAR 333-002-0040, OAR 333-002-0050, OAR 333-002-0060, OAR 333-002-0070, and OAR 333-002-0090 have been met; a certificate will be issued.

(2) Certificates are valid for 24 months from the date of issue and are renewable.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0160

Registry Enrollment Renewal

(1) Applicants for registry enrollment renewal must provide to the Department:

(a) The completed renewal form provided by the Department;

(b) Applicable fees (as established in OAR 333-002-0035);

(c) A current signed copy of the National Code of Ethics for Interpreters in Health Care (as established in OAR 333-002-0100); and

(d) A current signed copy of the National Standards of Practice for Interpreters in Health Care (as established in OAR 333-002-0110).

(2) The materials required by section (1) of this rule must be submitted to the Department prior to the expiration date of registry enrollment and no less than 30 days in advance of that date. The date of submission of these materials will be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Department.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0170

Certification Renewal

(1) A Certified Health Care Interpreter must provide to the Department:

(a) The completed renewal form provided by the Department;

(b) Applicable fees (as established in OAR 333-002-0035);

(c) Written verification of a minimum of 16 hours of continuing education as defined in OAR 333-002-0120 during the preceding 24 months;

(d) A current signed copy of the National Code of Ethics for Interpreters in Health Care (as established in OAR 333-002-0100); and

(e) A current signed copy of the National Standards of Practice for Interpreters in Health Care (as established in OAR 333-002-0110).

(2) The materials required by section (1) of this rule must be submitted to the Department prior to the expiration date of the certificate and no less than 30 days in advance of that date. The date of submission of these materials will be considered to be the date postmarked by the US Postal Service, or if not postmarked, by the date they are received by the Department.

Stat. Authority: ORS 409.623
Stat. Implemented: ORS 409.621 and 409.623

333-002-0180

Denial, Revocation, Suspension or Refusal to Renew Registry Enrollment

The Department must deny, revoke, suspend or refuse to renew registry enrollment under the following conditions:

- (1) Applicant for initial registry enrollment fails to meet the eligibility standards of OAR 333-002-0040;
- (2) Applicant for registry enrollment renewal fails to comply with the requirements of OAR 333-002-0160;
- (3) Applicant submits information that cannot be verified; or
- (4) Applicant engages in conduct or practices found by the Department to be in violation of the National Code of Ethics for Interpreters in Health Care set out in OAR 333-002-0100 or the National Standards of Practice for Interpreters in Health Care set out in OAR 333-002-0110.

Stat. Authority: ORS 409.623
Stat. Implemented: ORS 409.621 and 409.623

333-002-0190

Denial, Revocation, or Suspension of Letters of Qualification

The Department must deny, revoke, or suspend a Letter of Qualification under the following conditions:

- (1) Applicant for an initial Letter of Qualification fails to meet the requirements of OAR 333-002-0040;
- (2) Applicant submits information that cannot be verified; or
- (3) Applicant engages in conduct or practices found by the Department to be in violation of the National Code of Ethics for Interpreters in Health Care set out in OAR 333-002-0100 or the National Standards of Practice for Interpreters in Health Care set out in OAR 333-002-0110.

Stat. Authority: ORS 409.623
Stat. Implemented: ORS 409.621 and 409.623

333-002-0200

Denial, Revocation, Suspension or Refusal to Renew Certification

The Department must deny, revoke, suspend or refuse to renew a Certificate under the following conditions:

- (1) Applicant for an initial Certification fails to meet the requirements of OAR 333-002-0040;
- (2) Applicant for a Certification renewal fails to comply with the requirements of OAR 333-002-0170;
- (3) Applicant submits information that cannot be verified; or
- (4) Applicant engages in conduct or practices found by the Department to be in violation of the National Code of Ethics for Interpreters in Health Care set out in OAR 333-002-0100 or the National Standards of Practice for Interpreters in Health Care set out in OAR 333-002-0110.

Stat. Authority: ORS 409.623
Stat. Implemented: ORS 409.621 and 409.623

333-002-0210

Complaints

Any affected party or witness may submit a complaint against a Health Care Interpreter. Complaints must be submitted on the standard form provided by the Department, signed and dated by the person alleging the complaint. A complaint that does not comply with the requirements of this rule will not be accepted, responded to or acted upon by the Department.

(1) The Department may commence an investigation of a Health Care Interpreter as a result of information received from any party.

(2) Complaint forms received by the Department will be made available to the accused Health Care Interpreter and others involved in the investigation of the allegations.

(3) A preliminary review of the complaint will be made by the Department to assure there is sufficient cause to justify proceeding and that the allegations against the Respondent are such that, if proven, could result in a violation of the National Code of Ethics for Interpreters in Health Care set out in OAR 333-002-0100 or the National Standards of Practice for Interpreters in Health Care set out in OAR 333-002-0110.

(4) If the complaint is considered to be valid, the Department must notify the Respondent of the allegations by mail and request written comments. Written comments must be received by the Department within two weeks after the notification was first mailed, unless an extension is authorized by the Department, or the Department will evaluate the complaint using available evidence.

(5) Complaints and all evidence obtained, including any documents or information received from the Complainant, Respondent, Witnesses, Department investigators or Department staff, will be referred to the OMH Health Care Interpreter Advisory Board for review and recommendations.

(6) During the review, the Respondents' identity will remain confidential

(7) The Department will not consider oral arguments from the Complainant and/or Respondent unless the Department determines that further information is required.

(8) If evidence is insufficient to show cause for action, the Complainant and Respondent will be so notified in writing.

(9) If evidence is sufficient to show cause for action, the Department will determine appropriate disciplinary action, the Respondent will be so notified in writing and that determination will become part of the public record.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0220

Discipline

The Department may refuse to issue or renew, suspend or revoke, impose remedial education or corrective actions if an applicant, registry enrollee, Qualified or Certified Health Care Interpreter:

(1) Represents that he or she is a Qualified or Certified Health Care Interpreter without having been issued a valid letter of qualification or certificate by the Department under this Division.

(2) Knowingly gives misinformation or a false impression to the Department.

(3) Violates the credentialing process by:

(a) Falsifying or misrepresenting educational credentials or other information required for admission to an evaluation or assessment;

(b) Having an impersonator take an evaluation or assessment on one's behalf; or

(c) Impersonating an applicant

- (4) Has had a credential to practice health care interpreting in another state, territory or country suspended or revoked based upon acts by the Health Care Interpreter similar to acts described in this rule.
- (5) Has been convicted of a crime in this state, or any other state, territory or country, or convicted of a federal crime which demonstrably relates to the practice of health care interpreting.
- (6) Has engaged in false, deceptive or misleading advertising, which includes but is not limited to, advertising health care interpreting using the titles of Qualified or Certified Health Care Interpreter in any private or public communication or publication by a person who is not credentialed by the Department. For the purposes of this rule, “advertise” includes telephone directory listings.
- (7) Allows the use of a Department issued credential by a non-credentialed person.
- (8) Has presented as one’s own credential, the credential of another.
- (9) Has practiced health care interpreting services under a false or assumed name without notification to the Department.
- (10) Has impersonated another Health Care Interpreter.
- (11) Has used or attempted to use a Health Care Interpreter credential that has been revoked or suspended, lapsed or inactive.
- (12) Has practiced or offered to practice beyond the scope of the National Code of Ethics or National Standards of Practice for Interpreters in Health Care.
- (13) Fails to cooperate with the Department in any credentialing action or disciplinary proceeding. Such acts include but are not limited to:
 - (a) Failure to furnish requested papers or documents;
 - (b) Failure to furnish a written response to a matter contained in any complaint filed with the Department; or
 - (c) Failure to respond to requests for information issued by the Department whether or not the recipient is accused in the proceeding.
- (14) Fails to comply with any request issued by the Department or an assurance of discontinuance entered into with the Department.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623

333-002-0230

Hearings

Contested Case Hearings: A person who wishes to contest the denial, non-renewal, suspension or revocation of their registry enrollment, qualification or certification will be afforded an opportunity for a hearing by the Department according to ORS Chapter 183.

Stat. Authority: ORS 409.623

Stat. Implemented: ORS 409.621 and 409.623