



new mexico center  
for language access

MULTILINGUAL INTERPRETING  
AND TRANSLATION  
CERTIFICATE PROGRAMS

# Newsletter

Issue V



Mara Youdelman, Chair of the Certification Commission for Healthcare Interpreters (CCHI), offers the following article for the New Mexico Center for Language Access.

**CCHI** is the only certification body created by interpreters, for interpreters and the public good, and will involve thousands of interpreters and users of interpreter services in defining their future and the credentials by which they will be known and respected. CCHI brings together the necessary stakeholders through a non-profit organization whose main mission is to develop and administer a national, valid, credible, vendor-neutral certification program for healthcare interpreters.

In January, CCHI welcomed its first group of healthcare interpreters to earn the CHI™ (Certified Healthcare Interpreter™) Certification and AHI™ (Associate Healthcare Interpreter™) Credential. The CHI™ and AHI™ credentials are the nation's highest credential available to healthcare interpreters and professional recognition of their qualification. We introduced 235 trained, qualified, and credentialed healthcare interpreters - 130 CHI™ certificants and 105 AHI™ recipients. This is a monumental day for healthcare providers, patients, coordinators of interpreting services, and language service providers who, with the CHI™ and AHI™ credentials, can now ensure the competency of healthcare interpreters across a wide variety of languages in a valid, consistent, and reliable way.

CCHI offers two credentials:

- **Certified Healthcare Interpreter™ (CHI™)** – A CHI™ certificant has been tested on the most critical knowledge, skills and abilities required of a healthcare interpreter. A CHI™ certificant must first complete the AHI™ examination plus an oral performance examination testing interpreting skills and abilities in consecutive and simultaneous interpreting, sight translation and translation. The CHI™ certification is currently only available for Spanish interpreters.
- **Associate Healthcare Interpreter™ (AHI™)** – An AHI™ recipient has been tested on only a part of the knowledge, skills and abilities that are required of a healthcare interpreter. Since the AHI™ examination covers only part of the knowledge, skills and abilities required of healthcare interpreters and does not test an individual's actual interpreting skills and abilities, a certification is not awarded to those who pass this test. Rather, an individual passing this examination is awarded the AHI™ credential (a certificate indicating that the individual has passed the first step in becoming CHI™ certified and has shown that he/she has the knowledge required of a certified health care interpreter). The AHI™ credential is available for all interpreters except those who interpret in Spanish.

For more information on CCHI, see [www.healthcareinterpretercertification.org](http://www.healthcareinterpretercertification.org).

CCHI also has described the history behind the development of healthcare interpreter certification in an article on its website which is reprinted here:

### **The History of Healthcare Interpreter Certification<sup>1</sup>**

The development of certification for healthcare interpreters has been the focus of discussions for over twenty years. Efforts at developing certification picked up steam after 2006. Throughout 2006 and 2007, the National Council on Interpreting in Health Care (NCIHC) held twelve national forums on certification.<sup>2</sup> In May of 2007 and 2008, Language Line Services (LLS), a for-profit vendor of language services, held the first two National Medical Interpreter Certification Forums in Boston, Massachusetts and Portland, Oregon. Then, in June 2007, the Interpreting Stakeholder Group<sup>3</sup> of Minnesota convened an Expert Panel on Community Interpreter Testing and Certification.<sup>4</sup> The goal of the meeting was to further an ongoing national discussion of certification for healthcare interpreters. The three goals of the meeting were to:

- convene a group of people with experience and expertise regarding assessment of interpreter qualifications;
- begin to assess what we know and what we need to do to build a fair and reliable certification process;
- explore how state and national initiatives can work together for their mutual benefit.<sup>5</sup>

In addition to ISG members, representatives from NCIHC, California Healthcare Interpreting Association (CHIA), and International Medical Interpreters Association (IMIA) attended. The recommendations from the meeting were to move forward with certification by identifying a national organizing or coordinating group to take the lead.

With the recommendations from ISG in hand, NCIHC secured funding from The California Endowment to advance national certification. NCIHC invited CHIA, IMIA, and the American Translators Association (ATA) to form a steering committee for a new coalition, the National Coalition on Health Care Interpreter Certification (NCC).<sup>6</sup> This steering committee met throughout Fall 2007 to discuss how to create a representative body to develop certification. In early 2008, through an open call for nominations, the NCC Steering Committee selected fourteen additional organizations to participate that represented 5 stakeholder groups – interpreter associations, purchasers/users of interpreting services, language companies, educators and researchers, and government/accrediting organizations.<sup>7</sup> The purpose statement of the NCC, agreed to by the eighteen original members, was as follows:

*The National Coalition on Healthcare Interpreter Certification (NCC) is committed to developing standards for a valid, credible, inclusive, and transparent national process to ensure competency of healthcare interpreters and improve access and quality of care for patients with limited English proficiency in our culturally diverse communities.*

In January 2009, one day prior to the third scheduled NCC in-person meeting, two NCC members – Language Line Services and IMIA – publicly announced their own efforts to develop national certification independent of the NCC.<sup>8</sup> In March 2009, LLS and IMIA announced the formation of the National Board of Certification for Medical Interpreters. LLS and IMIA developed their certification program throughout 2009. In October, 2009, LLS and IMIA opened registration for its certification program at the same time the first members of its National Board of Certification for Medical Interpreters were named.<sup>9</sup> According to the NBCMI's by-laws, the Board shall have a minimum of 7 members and IMIA and LLS will each hold 1 seat on the Board of Directors in perpetuity as founding organizations and will not be subject to an election process.<sup>10</sup> The NBCMI did not develop its own examinations but licenses its oral examination from Language Line University (LLU, a division of Language Line Services) and its written examination from IMIA.<sup>11</sup> Further, as stated in NBCMI's by-laws, "The National Board does not have the authority to significantly alter the purpose of the certification program, create additional certification programs, or terminate certification programs without the approval of both founding organizations, the International Medical Interpreters Association (IMIA) and Language Line Services (LLS)."<sup>12</sup> Further, NBCMI pays LLU \$125 for each oral examination administered and IMIA \$75 for each written exam administered.<sup>13</sup>

In July 2009, seeking a more formal organizational and legal structure to develop certification,<sup>14</sup> fifteen of the NCC's original members created and incorporated the Certification Commission for Healthcare Interpreters (CCHI)

to continue the goals of the NCC to develop certification through an inclusive process involving all stakeholders. CCHI's founders felt strongly about involving a broad array of stakeholders and thus formed advisory panels to bring together many of the healthcare provider associations, policymakers, and experts in certification to advise CCHI.<sup>15</sup> CCHI's by-laws call for a minimum of 13 members and no seats are provided to any founding member in perpetuity. After its official launch in September 2009, CCHI initiated development of its certification program which is being pilot tested in Fall 2010. CCHI is developing its certification examinations itself and will retain full ownership and control over the examinations.

CCHI's mission is to develop a national, valid, credible and vendor-neutral certification process. What does this mean? National – A portable credential that follows an interpreter throughout their career. Valid – The certification test measures what it intends to measure and is based on the knowledge, skills and abilities needed to competently perform the job of healthcare interpreting. Credible – Created by interpreters and other stakeholders, for interpreters and the public good. Vendor-Neutral – Developed from the ground up and not reliant on any existing certification, training, testing or assessment developed or licensed by other organizations. Further, no individual, organization, vendor or entity has any financial or other stake in CCHI's program or its administration.

After evaluating eight certification development companies, CCHI selected The Caviart Group to develop the national Job/Task Analysis survey to gather the data on which CCHI's examinations would be based. The Caviart Group brings together over 50 years of experience in all aspects of certification. The Caviart Group led CCHI's Subject Matter Experts, selected to represent the depth and breadth of the healthcare interpreting profession, through an extensive process to identify the tasks healthcare interpreters perform and the knowledge, skills and abilities (KSAs) necessary to do those tasks. These tasks and KSA's formed the basis for CCHI's survey which was pilot tested prior to being administered in early 2010.

Nearly 2500 individuals participated in CCHI's national survey to gather the data to develop its certification program. After a rigorous process that involved eight test development vendors, CCHI selected Castle Worldwide Inc. as its test development vendor. Castle has over 25 years of experience developing certification programs, is an industry leader in the development of performance examinations, and is the test development vendor utilized by RID (Registry of Interpreters for the Deaf). CCHI also has hired Cheryl Wild, a testing expert with over thirty- five years of experience, as a consultant to oversee all aspects of CCHI's test development process to ensure compliance with all industry standards and best practices, including the standards for accreditation of certification programs of the National Commission for Certifying Agencies (NCCA is an affiliate of the Institute for Credentialing Excellence which CCHI joined immediately upon its incorporation). Through a public call for volunteers, CCHI recruited Subject Matter Experts from across the country, representing the depth and breadth of the healthcare interpreting profession, to develop CCHI's examination. CCHI is piloting its examination in October and November 2010 before launching it nationally in early 2011.

CCHI will continue to work towards its goal of creating a certification program that upholds the 20 years of conversations preceding our work and involves the input of thousands of interpreters and other stakeholders relying on us to create a valid and credible certification program.

#### Footnotes:

1. © 2010 by the Certification Commission for Healthcare Interpreters. This summary is based on information in the public domain documenting the development of healthcare interpreter certification.
2. Avery, Maria-Paz Beltran. 2007. Are We Ready for National Certification of Health Care Interpreters? A Summary of NCIHC Open Forums. Washington DC: NCIHC. Available at <http://data.memberclicks.com/site/ncihc/NCIHC%20Working%20Paper%20-%20Report%20on%20National%20Certification%20Forum.pdf>. (accessed August 9, 2010).
3. ISG is a membership group within the Upper Midwest Translators and Interpreters Association.
4. The final report of the Expert Panel is available at <http://umtia.org/ExpertPanel/Expert%20Panel%20Final%20Report.pdf> (accessed August 9, 2010).
5. Id.
6. This historical information is based on presentations by Katharine Allen at the California Healthcare Interpreters Association Conference in March 2010 and Lynn Fors at the Southeast Regional Medical Interpreter Conference (SERMIC) in June 2010.
7. The original members of the NCC were: American Translators Association, Association of Language Companies, California Healthcare Interpreting Association California Pan-Ethnic Health Network, Center for Immigrant Health, New York University School of Medicine, CyraCom International, Inc., Institute For Diversity in Health Management of the American Hospital Association, International Institute of Akron, Inc, International Medical Interpreter Association, Interpreting Stakeholder Group- Minnesota, Jewish Vocational Service, Language Line Services, Massachusetts Department of Public Health, National Council on Interpreting in Health Care, National Health Law Program, National Consortium of Interpreter Education Centers & Registry of Interpreters for the Deaf, Portland Community College/ Institute for Health Professionals, and Spectrum Health.

8. See <http://www.pr-inside.com/print1019099.htm> (accessed August 9, 2010).
9. See <http://www.certifiedmedicalinterpreters.org/history> (accessed August 9, 2010).
10. See By-Laws of the National Board of Certification for Medical Interpreters, Section 3.2, [http://www.certifiedmedicalinterpreters.org/sites/default/files/NBCMI\\_By\\_%20Laws\\_%20July2010.pdf](http://www.certifiedmedicalinterpreters.org/sites/default/files/NBCMI_By_%20Laws_%20July2010.pdf) (accessed September 23, 2010).
11. See <http://www.certifiedmedicalinterpreters.org/national-board> under "Principles" and "Structure" (accessed August 9, 2010).
12. See By-Laws of the National Board of Certification for Medical Interpreters, Section 10.1, [http://www.certifiedmedicalinterpreters.org/sites/default/files/NBCMI\\_By\\_%20Laws\\_%20July2010.pdf](http://www.certifiedmedicalinterpreters.org/sites/default/files/NBCMI_By_%20Laws_%20July2010.pdf) (accessed September 23, 2010).
13. Presentation by Nelva Lee, NBCMI Chair, at the Southeast Regional Medical Interpreter Conference (SERMIC) in June 2010.
14. While the NCC provided much of the groundwork towards establishment of national certification, it was not organized as a legal entity and lacked many of the structures needed to develop certification.
15. For more information on CCHI, including its Commissioners, Advisors, and Supporters, see <http://www.healthcareinterpretercertification.org>.

NMCLA staff and faculty congratulate Dr. Marcela Testai, who recently joined NMCLA as a medical interpreter trainer, for becoming the first Certified Medical Interpreter in the state of Arizona.



Great to have you on board, Marcela!  
The NMCLA team

Visit our channel!



NMLanguageAccess <http://www.youtube.com/user/NMLanguageAccess>

# Professional Development Classes



## English-Spanish Criminal & Procedure Law Terminology I (online) **NEW CLASS!**

This class introduces students to the most common terms of criminal and procedure law, the legal concepts behind them and how to translate legal terms based on a model of functional equivalency. The class will greatly enhance students' terminological knowledge and prepare them for classes in consecutive and simultaneous court interpreting. **Duration:** 4 weeks. **Next class begins on March 28<sup>th</sup>, 2011**

## Justice System Interpreting (online)

This class introduces students to fundamental legal concepts and terminology, and the NM and federal legal systems. The class includes intensive practice in the three modes of interpreting with a high degree of specialization. **Duration:** 8 weeks. **Requisite:** NMCLA admission process required. **Next Class begins on April 25<sup>th</sup>, 2011.**

## Medical Interpreting (online)

This class introduces students to fundamental medical concepts and terminology, and basic anatomy and physiology. The class includes intensive practice in the three modes of interpreting with a higher degree of specialization. **Requisite:** NMCLA admission process required. **Next Class begins on April 25<sup>th</sup>, 2011.**

## Mentorship Program (face-to-face – online)

**Program includes:**

1. Face-to-face intensive training session at UNM School of Law
2. Practice simultaneous interpreting examination (administered under the same conditions of the consortium's examination + rating/feedback from instructor).
3. Court observation
4. Volunteer program at UNM Law Clinic
5. Interpreting for jurors at UNM School of Law Mock Trials
6. Online test preparation with instructor

**Program starts on June 18<sup>th</sup>, 2011. Requisites:** Must have taken NM Court Interpreter Orientation in 2010 or 2011. Must have passed the Consortium Written Examination. NMCLA admission process required.

## Intensive Face-to-face Training Session

**Sessions include:**

1. Professionalism and marketing of language services
2. Overview of final examinations
3. Intensive practice in the three modes of interpreting
4. Practice simultaneous examination (administered under the same conditions of the consortium's examination + rating/feedback from instructor)
5. Mini mock trial
6. Interpreting for jurors
7. Language-specific session

**Dates:** June 18<sup>th</sup>-19<sup>th</sup>, 2011. **Requisites:** same as Mentorship Program.