

1. What is your primary role?

		Response Percent	Response Count
interpreter		55.8%	145
trainer		28.8%	75
interpreter service provider (ISP)		7.7%	20
Other		7.7%	20
answered question			260
skipped question			7

2. Please rate how much you agree with the statements below as requirements for a training organization to become accredited. Admission will require ONE of the following:

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 1A: Proficiency in English	92.3% (229)	4.8% (12)	1.2% (3)	0.4% (1)	1.2% (3)	248
• Professional experience over 5 years	41.2% (107)	24.2% (63)	11.9% (31)	13.5% (35)	9.2% (24)	260
• Bachelor, Masters, PhD, or any other degree from any US institution of higher education.	41.2% (108)	22.1% (58)	13.4% (35)	11.8% (31)	11.5% (30)	262
• 24 university credits in a college in an English speaking country	29.5% (75)	24.0% (61)	20.1% (51)	13.4% (34)	13.0% (33)	254
• One of the following tests (subject to change)	43.7% (73)	21.0% (35)	22.2% (37)	7.2% (12)	6.0% (10)	167
TOEFL (Test of English as a Foreign Language): 570+ on paper; 230+ on computer version; 90+ on iBT	45.3% (107)	25.8% (61)	19.1% (45)	3.0% (7)	6.8% (16)	236
ELPT (English Language Proficiency Test): 950+	33.6% (76)	26.5% (60)	27.4% (62)	4.9% (11)	7.5% (17)	226
MELAB (Michigan English Language Assessment Battery) 80+	22.9% (50)	20.2% (44)	39.9% (87)	7.3% (16)	9.6% (21)	218
ECPE (Examination for the Certificate of Proficiency in English): PASS	28.3% (62)	21.0% (46)	37.4% (82)	5.5% (12)	7.8% (17)	219
FCE (First Certificate in English, Level 3): A	26.3% (57)	20.3% (44)	35.9% (78)	7.4% (16)	10.1% (22)	217
CAE (Certificate in Advanced English, Level 4): B	28.1% (61)	20.3% (44)	36.4% (79)	6.9% (15)	8.3% (18)	217
CPE (Certificate of Proficiency in English, Level 5): B	27.8% (60)	22.2% (48)	36.1% (78)	5.6% (12)	8.3% (18)	216
IELTS (International English Language Testing System) 7.0+	28.1% (61)	24.4% (53)	34.6% (75)	5.1% (11)	7.8% (17)	217

Other (please specify) 27

answered question 266

skipped question 1

3. If you have any comments about the standard above, please write them here.

**Response
Count**

77

answered question 77

skipped question 190

4. Please rate how much you agree with the statements below as requirements for a training organization to become accredited. Admission will require ONE of the following:

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 1B: Proficiency in other language*	81.4% (193)	10.1% (24)	5.1% (12)	1.7% (4)	1.7% (4)	237
• Professional experience over 5 years and written samples of work	40.7% (103)	29.2% (74)	10.3% (26)	12.3% (31)	7.5% (19)	253
• Bachelor, Masters, PhD, or other degree from an institution of higher education where L2 is spoken	40.6% (103)	25.6% (65)	13.4% (34)	9.4% (24)	11.0% (28)	254
• 24 university credits in a college in an L2 speaking country	28.1% (70)	26.9% (67)	20.9% (52)	10.4% (26)	13.7% (34)	249
• ACTFL Oral Exams (American Council on the Teaching of Foreign Languages): 3.5 + /Advanced Mid Level (see www.actfl.org)	41.0% (98)	21.8% (52)	20.1% (48)	7.5% (18)	9.6% (23)	239
Standard 1C: Minimum education required: High School or GED diploma	57.2% (139)	14.8% (36)	7.0% (17)	8.2% (20)	12.8% (31)	243
Standard 1D: Minimum age required: The minimum required shall be 18 years of age	65.8% (160)	9.1% (22)	9.1% (22)	5.8% (14)	10.3% (25)	243
Standard 1E: Program will publicize criteria required to be eligible for national certification	63.8% (155)	18.5% (45)	11.1% (27)	2.9% (7)	3.7% (9)	243
answered question						260
skipped question						7

5. If you have any comments on the standards above, please write them here.

	Response Count
	64
answered question	64
skipped question	203

6. Please rate how much you agree with the statements below as requirements for a training organization to become accredited.

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 2A: Commitment to EEO/AA: The training institution shall demonstrate a commitment to recognizing and fostering positive attitudes and efforts toward being an equal opportunity employer and affirmative action.	80.9% (208)	10.5% (27)	6.2% (16)	1.2% (3)	1.2% (3)	257
Standard 2B: The training institution shall demonstrate a commitment to student access of information about the program.	82.5% (208)	13.1% (33)	3.6% (9)	0.0% (0)	0.8% (2)	252
Standard 2C: Administrative Staff: The training institution shall demonstrate resources are in place to manage student administrative needs outside the classroom.	68.0% (170)	20.4% (51)	9.6% (24)	1.2% (3)	0.8% (2)	250
Standard 2D: Accreditation by National or State Agency: The training institution may be accredited by a nationally recognized agency or agencies. (Occupational or postsecondary, onsite or online accreditation).	58.7% (149)	20.9% (53)	12.2% (31)	3.5% (9)	4.7% (12)	254
Standard 2E: The program shall have a Healthcare Advisor: This will be an advisor or reviewer for the						

program; someone with a professional healthcare background and credential (MD, RN, PA, NP etc) with in depth knowledge/experience in the clinical setting.	61.9% (156)	21.4% (54)	7.5% (19)	5.2% (13)	4.0% (10)	252
Standard 2F: Program will have Process to Advise Student: Programs will advise students on who to go to for issues related to the program.	68.3% (172)	20.6% (52)	8.7% (22)	2.0% (5)	0.4% (1)	252
Standard 2G: Referral to Remedial Resources: A referral process and guidelines to send students to remedial resources (i.e. language or vocabulary reinforcement, accent reduction) shall be in place for students with problems that may interfere with their progress.	62.1% (157)	23.3% (59)	9.9% (25)	3.2% (8)	1.6% (4)	253
Standard 2H: Instructors/Student Ratio: The instructors/student ratio shall permit the achievement of the purpose and stated objectives of the program.	68.0% (170)	21.6% (54)	8.8% (22)	0.8% (2)	0.8% (2)	250
answered question						260
skipped question						7

7. If you have any comments on the standards above, please write them here.

Response Count						
43						
answered question						43
skipped question						224

8. Please rate how much you agree with the statements below as requirements for a training organization to become accredited.

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 3A: Learning Space (On site programs): Classrooms, and/or technology shall be provided and consistent with the program’s educational objectives, teaching methods, and number of students.	77.5% (200)	16.7% (43)	4.7% (12)	0.8% (2)	0.4% (1)	258
Standard 3B: State and Federal Laws for Facilities: Training facilities have to be in compliance with OSHA regulations concerning accessibility, health, and safety.	75.8% (194)	13.7% (35)	8.6% (22)	0.8% (2)	1.2% (3)	256
Standard 3C: Additional Space (On site programs): Appropriate space shall be provided for the private advising of students.	58.2% (149)	26.2% (67)	12.5% (32)	2.3% (6)	0.8% (2)	256
Standard 3D: Supplies, and Equipment: Ready access to an adequate supply of material for the successful completion of the program.	75.8% (191)	19.0% (48)	3.6% (9)	0.8% (2)	0.8% (2)	252
Standard 3E: Learning Resources: Students shall have access to resources such as books, manuals, glossaries, list of online resources and other material utilized in the program, language specific to the student population.	78.2% (201)	15.6% (40)	4.7% (12)	1.2% (3)	0.4% (1)	257
answered question						260
skipped question						7

9. If you have any comments on the standards above, please write them here.

	Response Count
	34
answered question	34
skipped question	233

10. Please rate how much you agree with the statements below as requirements for a training organization to become accredited.

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 4A: Operational Policies: Fair Practices: Program description, publications, announcements, and advertising shall accurately reflect the program offered.	85.8% (217)	9.9% (25)	3.6% (9)	0.4% (1)	0.4% (1)	253
Standard 4B: Recruitment Notice: Student and instructor recruitment, student admission, and instructor employment practices shall comply with the institution's published nondiscrimination, equal opportunity, and affirmative action policies.	83.8% (212)	10.7% (27)	4.0% (10)	0.8% (2)	0.8% (2)	253
Standard 4C: Graduation Requirements Notice: Graduation requirements, tuition, and fee shall be published and made known to all applicants.	87.0% (221)	7.9% (20)	3.1% (8)	0.4% (1)	1.6% (4)	254
Standard 4D: Suspension, Withdrawal, Refund Notice: Policies and processes for student suspension, withdrawal or refunds of tuition and fees shall be published and made known to all applicants.	84.6% (214)	8.7% (22)	5.1% (13)	0.8% (2)	0.8% (2)	253
Standard 4E: Student Grievance						

Notice: The program or sponsoring institution shall have a defined and published policy and procedure for processing student and instructors grievances.	79.0% (199)	13.9% (35)	6.7% (17)	0.0% (0)	0.4% (1)	252
Standard 4F: Confidentiality of Student Information: Provision shall be made for the confidentiality of consumers, students, and instructors associated with educational activities.	86.2% (219)	9.1% (23)	4.3% (11)	0.0% (0)	0.4% (1)	254
Standard 4G: Notice of Learning Objectives: A program shall publicize its learning objectives.	82.9% (209)	13.9% (35)	2.8% (7)	0.0% (0)	0.4% (1)	252
Standard 4H: Notice of Admissions Policies and Procedures: Admission of students shall be made in accordance with clearly defined and published policies.	84.1% (211)	11.6% (29)	3.6% (9)	0.4% (1)	0.4% (1)	251
Standard 4I: Notice of Admission Requirements: Notice of requirements for previous education and measurable fluency levels for working languages shall be provided.	83.2% (208)	11.2% (28)	4.0% (10)	0.8% (2)	0.8% (2)	250
Standard 4J: Notice of Criteria for Successful Completion: Criteria of each segment of the educational program and for graduation shall be given in advance to each student. Certificates of attendance shall not be given to students who do not pass the criteria for successful completion.	83.2% (208)	9.2% (23)	4.4% (11)	2.0% (5)	1.2% (3)	250
Standard 4K: Student Records: Satisfactory records shall be maintained regarding student admission, enrollment, and achievement. Records shall be maintained for three years.	79.4% (193)	13.2% (32)	4.9% (12)	2.1% (5)	0.4% (1)	243
answered question						258
skipped question						9

11. If you have any comments on the standards above, please write them here.

	Response Count
	37
answered question	37
skipped question	230

12. Please rate how much you agree with the statements below as requirements for a training organization to become accredited.

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 5A: Program Interpreter Instructors: The program shall employ interpreter instructors who possess the necessary qualifications to teach basic interpreting skills coursework.	87.3% (219)	10.0% (25)	1.6% (4)	0.8% (2)	0.4% (1)	251
Standard 5B: Subject-Matter Experts and/or Practicum Supervisors: The program shall employ qualified subject-matter experts (mental health, medical terminology, etc.) and/or practicum supervisors (if applicable).	78.7% (196)	14.1% (35)	3.6% (9)	2.4% (6)	1.2% (3)	249
Standard 5C: Language Coaches: The program shall employ qualified language coaches for language-specific instruction (if applicable).	71.9% (179)	18.5% (46)	6.0% (15)	2.0% (5)	1.6% (4)	249
Standard 5D: Program Director: The program shall employ a qualified program director to manage the program. The director of the educational program has relevant experience in administration, teaching, and practice.	75.2% (188)	16.0% (40)	5.2% (13)	2.0% (5)	1.6% (4)	250
Standard 5E: The program shall include nationally certified						

interpreters as instructors, where available: A program can still be accredited if there is a written expectation for new instructors to get nationally certified or pass one of the recognized national written exams within 6 months.	63.9% (159)	18.9% (47)	6.4% (16)	5.6% (14)	5.2% (13)	249
Standard 5F: Instructor Teaching Methods: The instructors shall demonstrate effectiveness in teaching their assigned knowledge and skills.	84.7% (211)	12.0% (30)	2.8% (7)	0.0% (0)	0.4% (1)	249
Standard 5G: Instructor Experience: The instructors shall experiential background appropriate to meet program objectives.	80.2% (198)	14.6% (36)	4.5% (11)	0.0% (0)	0.8% (2)	247
Standard 5H: Instructor Cultural Competency: The instructors shall be culturally competent and have exposure to diverse populations.	80.5% (198)	13.0% (32)	3.7% (9)	1.2% (3)	1.6% (4)	246
Standard 5I: Continuing Professional Development Plans: Each instructor shall have a written plan for continuing professional development.	64.1% (159)	23.0% (57)	7.7% (19)	1.6% (4)	3.6% (9)	248
answered question						254
skipped question						13

13. If you have any comments on the standards above, please write them here.

Response Count	
50	
answered question	
50	
skipped question	
217	

14. Please rate how much you agree with the statements below as requirements for a training organization to become accredited.

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 6A: The curriculum design shall provide the basis for instruction: Program curriculum design includes all learning components.	81.2% (203)	14.8% (37)	3.6% (9)	0.0% (0)	0.4% (1)	250
Standard 6B: Duration of program: An educational program that specializes in medical interpreter shall have a minimum of 40 hours. Community interpreter programs, that have a medical interpreter component, shall devote at least 40 hours of instruction in the medical context.	73.1% (182)	15.3% (38)	2.8% (7)	3.6% (9)	5.2% (13)	249
Standard 6C: Medical Interpreting as Specialization: Establishes the view of medical interpreting as a specialization of translation/interpreting.	79.5% (198)	12.0% (30)	6.4% (16)	1.6% (4)	0.4% (1)	249
Standard 6D: Cultural Competence: Represent cultural competence that is not limited to simple recognition and identification or descriptions of diverse cultures and groups.	73.4% (182)	19.0% (47)	6.5% (16)	0.4% (1)	0.8% (2)	248
Standard 6E: Course Syllabi: Will include clearly written course syllabi that describe learning objectives, and competencies to be mastered.	84.3% (210)	12.0% (30)	2.4% (6)	0.8% (2)	0.4% (1)	249
Standard 6F: Assessment by and of Students: Frequent documented evaluation by students to assess their acquisition of knowledge, problem identification, problem-solving skills and interpretation competencies.	78.6% (195)	16.1% (40)	3.2% (8)	1.6% (4)	0.4% (1)	248
Standard 6G: Interpreter Roles: 1.						

Conduit 2. Clarifier 3. Cultural Interface/Clarifier 4. Advocate	79.8% (198)	10.9% (27)	4.4% (11)	3.2% (8)	1.6% (4)	248
Standard 6H: Interpreter Ethics:1. IMIA Code of Ethics 2. NCIHC Code of Ethics 3. RID Code of Ethics 4. IMIA Guide on Ethical Conduct 5. Where medical and interpreter ethics converge	81.5% (202)	10.9% (27)	4.8% (12)	2.0% (5)	0.8% (2)	248
Standard 6I: Interpreter Standards of Practice: 1. IMIA Standards 2. NCIHC Standards 3. CHIA Standards 4. ASTM Standards 5.ISO Standards (when published)	77.7% (192)	13.8% (34)	6.5% (16)	1.2% (3)	0.8% (2)	247
Standard 6J: Message Conversion: Ability to render the meaning of the source language discourse in the target language and transfer a message from a source language into a target language appropriately from the point of view of style and culture, and without undue influence of the source language.	85.1% (211)	10.5% (26)	3.2% (8)	0.8% (2)	0.4% (1)	248
Standard 6K: Interpreting Modes: 1) Ability to interpret consecutively in the medical context 2) Ability to sight translate in the medical context 3) Ability to use different modes of interpreting (i.e., simultaneous, consecutive, and sight translation) and ability to choose the appropriate mode in a given setting.	82.6% (204)	12.6% (31)	3.2% (8)	1.2% (3)	0.4% (1)	247
Standard 6L: Simultaneous Interpretation: 1) Ability to interpret simultaneously in the medical context.	62.3% (152)	21.3% (52)	8.6% (21)	6.6% (16)	1.2% (3)	244
Standard 6M: Note taking: Ability to accomplish note-taking within medical encounters.	65.0% (160)	24.0% (59)	8.5% (21)	2.0% (5)	0.4% (1)	246
Standard 6N: Healthcare Industry: 1) General knowledge about the healthcare industry in the country of practice (types of clinics/hospitals, primary healthcare						

<p>professions, patient safety, rules and regulations such as HIPAA and CLAS) 2) General knowledge of Health Literacy and Health Disparities 3) General knowledge of Medical Ethics (First do no harm, patient confidentiality, decision-making, healthcare team) 4) Techniques and logistics, such as ability to manage the physical setting.</p>	78.5% (193)	14.2% (35)	6.1% (15)	0.8% (2)	0.4% (1)	246
<p>Standard 6O: Medical Terminology Research: 1) Necessity for and value of terminology research in interpretation. 2) Essential components of terminology glossary compilation. 3) Typology of terminological tools. 4) Terminology research resources.</p>	78.2% (190)	14.0% (34)	5.3% (13)	1.2% (3)	1.2% (3)	243
<p>Standard 6P: Medical Terminology (20 hours minimum): Knowledge about medical terminology shall be taught: 1) Body Systems Anatomy and Physiology 2) Diseases and Disorders 3) Diagnostic Tests 4) Specialty Terminology 5) Medical Terminology by prefixes, roots, and suffixes 6) Abbreviations in healthcare.</p>	77.8% (189)	14.0% (34)	3.7% (9)	2.5% (6)	2.1% (5)	243
<p>Standard 6Q: Practicum Experience: Supervised practicum of at least 100 hours shall be an integral part of the educational program. The experience shall provide the student with the opportunity for carrying out professional responsibilities under appropriate supervision.</p>	52.2% (129)	19.0% (47)	10.1% (25)	9.7% (24)	8.9% (22)	247
<p>Standard 6R: Interpreting in Difficult Situations: Interpreting programs shall discuss and role-play difficult situations medical interpreters are bound to experience in the workforce. These would include situations of death, pain, profanity, and discord between patients and providers or friends</p>	79.4% (196)	15.8% (39)	4.0% (10)	0.4% (1)	0.4% (1)	247

and family.						
Standard 6S: Interpreting Research: 1) Necessity for and values of interpretation research. 2) Essential components of a research protocol. 3) Analysis of studies related to interpretation. 4) Application of research results to interpretation practice.	57.4% (140)	21.7% (53)	13.1% (32)	3.3% (8)	4.5% (11)	244
Standard 6T: Communication Skills: Ability to perform active listening and to express oneself correctly, fluently, clearly, and with poise in both working languages.	85.2% (208)	11.1% (27)	2.9% (7)	0.4% (1)	0.4% (1)	244
				answered question		252
				skipped question		15

15. If you have any comments on the standards above, please write them here.

	Response Count
	59
answered question	59
skipped question	208

16. Please rate how much you agree with the statements below as requirements for a training accredited.

	Agree very much	Agree very much	Agree somewhat	Agree somewhat	Neither agree nor disagree	Neither agree nor disagree	Disagree somewhat	Disagree somewhat
Standard 7A: Learning Styles: Instructional methods accommodate different learning styles.	60.8% (152)	16.4% (41)	14.8% (37)	2.4% (6)	3.2% (8)	1.2% (3)	0.8% (2)	0.0%
Standard 7B: Presentation Methods: Effective presentation methods are utilized for content development and mastery.	65.5% (163)	20.5% (51)	8.4% (21)	1.6% (4)	2.8% (7)	0.8% (2)	0.0% (0)	0.0%
Standard 7C: Case Studies: Case studies are utilized as an instructional method.	63.3% (157)	16.9% (42)	9.3% (23)	3.6% (9)	4.4% (11)	0.8% (2)	0.4% (1)	0.4%
Standard 7D: Individual Skills-Building Exercises: Individual skills building exercises are utilized for skills development and mastery.	68.1% (169)	15.7% (39)	8.1% (20)	2.4% (6)	3.2% (8)	0.8% (2)	0.8% (2)	0.4%
Standard 7E: Group Skills-Building: Group skills building exercises mimic authentic professional scenarios, such as role plays. (Demonstrations are provided before group skills exercises are requested.)	68.4% (169)	15.8% (39)	7.3% (18)	2.8% (7)	2.4% (6)	1.2% (3)	0.0% (0)	0.8%
Standard 7F: Collaborative Learning: Collaborative learning is encouraged through group discussion and peer critiques and self-evaluation exercises.	65.4% (161)	17.9% (44)	7.7% (19)	2.4% (6)	2.8% (7)	1.6% (4)	0.4% (1)	0.8%
Standard 7G: Independent Learning: Independent learning is encouraged through individual additional work.	65.6% (160)	17.6% (43)	9.8% (24)	2.5% (6)	2.5% (6)	0.8% (2)	0.4% (1)	0.4%
Standard 7H: Self-Evaluation: Self-evaluation is encouraged throughout the program.	65.7% (161)	16.3% (40)	11.0% (27)	1.6% (4)	2.0% (5)	1.6% (4)	0.4% (1)	0.4%

Standard 7H: Self-Evaluation: Self-evaluation is encouraged throughout the program.	64.4% (145)	16.4% (37)	9.8% (22)	2.2% (5)	3.1% (7)	1.8% (4)	0.4% (1)	0.4%
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17. If you have any comments on the standards above, please write them here.

	Response Count
	31
answered question	31
skipped question	236

18. Please rate how much you agree with the statements below as requirements for a training organization to get accredited. Admission will require ONE of the following...

	Agree very much	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Disagree very much	Rating Count
Standard 8A: Program Evaluation Plan: The interpreter educational program shall have a continuing system for reviewing the effectiveness and assessing program qualities and needs.	75.9% (189)	18.5% (46)	4.8% (12)	0.0% (0)	0.8% (2)	249
Standard 8B: Final Assessment of Students: Evaluation content and methods shall be consistent with the learning objectives and competencies for the program and shall assess the final knowledge and skills level of students via a final written and oral exam.	79.8% (197)	15.4% (38)	3.2% (8)	0.8% (2)	0.8% (2)	247
Standard 8C: Final Evaluation of Practicum: The student's practicum shall be formally evaluated and documented by the practicum supervisor in accordance with program guidelines. This evaluation shall be shared with the student.	74.0% (182)	16.7% (41)	6.1% (15)	1.6% (4)	1.6% (4)	246
Standard 8D: Quality Measures: Quality measures will be in place from at least two of the following sources: 1. Surveys of graduates and employers 2. Interviews with program graduates 3. Data on student performance on national certification. 4. Internal and external curriculum validation. 5. Review of admissions policies and procedures. 6. Examination of curriculum design. 7. Advisory Council shall be in place.	65.9% (162)	20.3% (50)	8.1% (20)	2.8% (7)	2.8% (7)	246
Standard 8E: Utilization of Results of Evaluations: The program shall systematically use the information obtained in its evaluations to foster student achievement.	73.4% (182)	19.4% (48)	6.0% (15)	0.8% (2)	0.4% (1)	248

8F: Final Student Evaluation of Program: The program shall perform a final anonymous student evaluation to assess the program, (vs specific courses) to include content, instructors' skills, methodology, the physical or online setting of the program, and the overall satisfaction with the program.	82.3% (200)	9.5% (23)	5.8% (14)	2.1% (5)	0.4% (1)	243
						answered question
					skipped question	14

19. If you have any comments on the standards above, please write them here.	
	Response Count
	27
answered question	
27	
skipped question	
240	

Page 3, Q2. Please rate how much you agree with the statements below as requirements for a training organization to become accredited. Admission will require ONE of the following:

1	The questions are not clear: Do you mean the training organization has to have 5 years of training experience or of English experience? Do you mean the trainers need the degree, the university credits, the TOFEL etc. OR do you mean they should require those from their students?	Apr 18, 2013 8:26 PM
2	I am confused - how can a training organization have skills- do you mean the trainers? which ones? language coaches or trainers in English?	Apr 16, 2013 10:28 AM
3	I don't know enough about each one of these tests specifically - good proficiency in English and the languages the organization trains too is a must - but if someone is college-educated and a native speaker of English, for example, having been born and raised in the US or Canada - then frankly, I don't think they should be required to take any of these tests.	Apr 15, 2013 2:02 AM
4	PTE Academic overall score of 70+; ALTA Reading/Writing score of 3.5, Listening/Speaking 4	Apr 13, 2013 5:57 PM
5	Accuplacer	Mar 30, 2013 8:54 AM
6	Internal proficiency assessment that follows specific standards should be sufficient	Mar 26, 2013 6:11 PM
7	Interagency Language Rating ILR	Feb 16, 2013 7:34 PM
8	You're providing another disparity! We don't test people in English for any other jobs!	Jan 25, 2013 12:50 PM
9	ALTA Language Proficiency	Jan 24, 2013 6:28 PM
10	Cambridge level exam	Jan 24, 2013 1:12 PM
11	As a native English speaker I am not familiar with the above tests.	Jan 24, 2013 9:43 AM
12	ACTFL Superior (English)	Jan 12, 2013 1:49 PM
13	College or university requirements for English.	Jan 7, 2013 8:33 AM
14	Medical Interpreter Skills Assessment	Dec 12, 2012 12:42 AM
15	College ESL / English Assessment Test	Dec 11, 2012 5:22 PM
16	a comprehensive language screening created by a qualified entity or individual	Dec 8, 2012 12:09 AM
17	Reliable language assessment	Dec 6, 2012 7:54 PM
18	Question: How does a "training organization" obtain a college degree?	Dec 5, 2012 12:37 PM
19	None, I am a native English speaker who learned a Foreign Language in the USA	Dec 4, 2012 12:44 PM
20	Federal Written Examination	Dec 4, 2012 8:18 AM
21	Concurrent enrollment in courses designed to raise English proficiency to	Nov 21, 2012 7:13 PM

Page 3, Q2. Please rate how much you agree with the statements below as requirements for a training organization to become accredited. Admission will require ONE of the following:

	necessary level.	
22	GED Test	Nov 19, 2012 1:55 PM
23	Do you mean the candidate for admission to an accredited organization?	Nov 17, 2012 3:13 AM
24	training center can design their training	Nov 16, 2012 1:40 PM
25	Cambridge Test	Nov 16, 2012 10:13 AM
26	TOEFL is an admission requirement for international students attending US institutions of higher learning, and in order to maintain credibility, accredited medical interpreting programs should hold students to the same standard.	Oct 31, 2012 5:41 PM
27	not familiar with some of these tests	Oct 26, 2012 2:50 PM

Page 3, Q3. If you have any comments about the standard above, please write them here.

1	One English Test Langua Proficiency should be enough	Jun 10, 2013 8:17 AM
2	Academic background is a must.	May 12, 2013 1:37 PM
3	I am a native English speaker. The exams listed and scores are completely meaningless to me.	May 11, 2013 4:52 PM
4	Would the 24 credits at an English-speaking university be in place of the BA? If so, I disagree (not enough).If not, it seems redundant.	Apr 25, 2013 2:54 PM
5	A trainer wouldobviously be proficient in English if they obtained 24 university credits in an English speaking contry	Apr 22, 2013 9:17 AM
6	The questions are not clear: Do you mean the training organization has to have 5 years of training experience or of English experience? Do you mean the trainers need the degree, the university credits, the TOFEL etc. OR do you mean they should require those from their students?	Apr 18, 2013 8:26 PM
7	Do you mean requirements for all the instructors affiliated with the training organization?	Apr 17, 2013 10:18 AM
8	What kind of admission? Admission of a prospective candidate to a particular training organization or our OWN admission to a statement? if it is referring to the 2nd part of the question then it is even more confusing: who is required to have Bachelors, Masters, etc. the trainers of the training organization or prospective candidates?	Apr 16, 2013 7:47 PM
9	The requirement of education from a specific location (like the US and/or from a country that speaks the other language) can be a major barrier for a program. The US already has barriers for those persons who are educated outside its borders, and I am afraid that this will constitute another of the same barrier. The language proficiency exams are designed to demonstrate the level of proficiency, and these are what will be most effective and efficient in determining that--not educational institution. If this educational standard connected with a specific location is for another reason (cultural understanding, or something to that effect), I do not think a degree from Spain necessarily demonstrates cultural competence with persons who speak Spanish. Thus, this kind of expectation may unnecessarily eliminate an interpreting program when there are other ways to determine if the person is qualified for the position.	Apr 16, 2013 3:11 PM
10	I am not familiar with the tests mentioned but any trainer training in english should be well educated and proficient in the language. some language coaches especially those of languages of lesser diffusion need to be proficient in english but maybe via a different screening tool.	Apr 16, 2013 10:28 AM
11	I have a general comment on the survey - it's really hard to fill this out because you fail to define "training organization" - what are you talking about, academic institutions, for-profit programs?, non-profits - there are going to be differences in resources and infrastructure available in these different venues but all of them are capable of mounting solid, credible programs. But my answers would change some according to what you are defining as "training institution."	Apr 15, 2013 2:02 AM
12	A trainer than have obtained a Bachelor, Master, PhD from any US Institution	Apr 13, 2013 10:01 PM

Page 3, Q3. If you have any comments about the standard above, please write them here.

	should be know English at Professional level.	
13	I'm not exactly sure what level the test scores above map out to. It would be clearer if they were mapped to an ILR level, and to keep the ILR as a standard. I would suggest an ILR level of 3.5 or 4 in their across the board,.	Apr 13, 2013 5:57 PM
14	Our community college offers an associate degree in healthcare interpreting; hence, proficiency in English is also determined by graduation from high school and/or Accuplacer exams.	Mar 30, 2013 8:54 AM
15	The above accreditation seems one sided- it seems that your trying to position a specific agenda- not wise nor smart	Mar 26, 2013 6:11 PM
16	I don't actually understand the question above - - how can a training program have five years of experience? Or is the question asking that the criteria listed should be minimum expectations for admission into the program - - - the accreditation will be based on admission criteria? Wouldn't be based on graduation criteria?	Jan 30, 2013 4:03 PM
17	Many interpreters have degrees from their countries of origin. I think having a degree, whether from US or other countries, should be mandatory, coupled with an English proficiency test and written examinations as well.	Jan 29, 2013 11:58 AM
18	You need to get you head out of the clouds and begin to focus on why IS is essential to patients. You are so focused on moving the profession up..your missing opportunities for growth with others. There are many areas who do not have access to any services yet....	Jan 25, 2013 12:50 PM
19	Languages of lesser diffusion excluded.	Jan 24, 2013 1:42 PM
20	I think it is more important to send a copy of the exam. I can say that I use this English exam and then I can pass as many students as I want even though they fail (because I want their money).	Jan 24, 2013 1:12 PM
21	1 Bachelors or Masters in Biology related Science degree earned in other than US institution should be considered for member's eligibility to take certification test. 2.US college students completing 24 credits in science background should be excluded from TOEFL or IELTS requirement if they possess Bachelors or Masters degree from foreign country for Minority Language Medical Interpreter.	Jan 24, 2013 12:09 PM
22	Empirical interpreters may not have any of the above requirements yet an IMIA Test could determine that experience and dedication fully compensate.	Jan 24, 2013 10:48 AM
23	As a native English speaker I am not familiar with the above tests.	Jan 24, 2013 9:43 AM
24	Testing of the language would be the best since not all native foreign language speakers have had the opportunity or means to attend basic schooling nor a university. Usually it is native speakers who become the best professional interpreters and have experienced the cultural aspects of the LEP.	Jan 23, 2013 10:17 PM
25	I am not familiar with each test listed above.	Jan 17, 2013 8:00 PM
26	Not sure about the specific standards but feel that high level of proficiency in English is very necessary and a missing element at the present time	Jan 16, 2013 2:20 PM

Page 3, Q3. If you have any comments about the standard above, please write them here.

27	They may shut the door to wonderful trainers because of the costs involved. It could be that I do not understand your over-all question... if it is about the training ORGANIZATION, how can an organization be assessed for English proficiency. Is it about the trainer that organization may hire? Usually native English speakers do not take any of those Assessments.	Jan 15, 2013 8:14 PM
28	Enrolled or completed 16 units at Bachelors or Masters Degree Level in the U.S.	Jan 14, 2013 3:05 PM
29	These are not standards for a training ORGANIZATION but for a TRAINER--very confusing!	Jan 12, 2013 1:49 PM
30	Just because a person doesn't have a Bachelors degree or higher doesn't mean that they are not qualified trainers. Many people with a lot of experience and the ability to teach adults do a better job than an inexperienced person with a PhD.	Jan 10, 2013 7:54 PM
31	English proficiency and comprehension are vitally important in interpreting. I have so many patients complaint to me that they do not understand what other interpreters were saying to them. Some interpreters cannot even translate to them what doctor had spoken to them. Unfortunately, the patients have no way to complaint since they do not understand English very well.	Jan 10, 2013 12:35 PM
32	I agree at least one of the above tests should be utilized; however, I was unsure about the specific score minimums.	Jan 8, 2013 12:31 PM
33	I am not familiar with some of requirements for even the cefrtificates mentioned. I just feel that a person who has English as a second language should be very proficient if they are to be instructing others to interpret.	Jan 7, 2013 3:25 PM
34	To enter into our university course, one must meet the requirements of our univ, & they will not considere other standards.	Jan 7, 2013 8:33 AM
35	Just that I agree that trainers should be highly proficient in the (at least) 2 languages they speak.	Jan 5, 2013 1:05 AM
36	It was unclear to me if these statements are to be fulfilled by the individual wanting to enroll in the training program, or if these statements are to be fulfilled by the training organization itself.	Dec 18, 2012 12:32 PM
37	Training agencies are not using the most qualified people as a trainers.	Dec 16, 2012 10:53 PM
38	The cost of these assessments may be cost prohibitive for individual candidates or organizations I would hate to see them become a requirement as good a screening tool as they may be. I am not opposed to using them to assess proficiency but I don't believe they should be required elements of candidates but maybe of trainers only.	Dec 12, 2012 12:42 AM
39	The questions refers to organization and yet the requirements are specific to individuals. Do you mean to apply these requirements to the founders/directors of the organization or the trainers/teachers? I would hope it applies to both.	Dec 10, 2012 6:09 PM
40	It is not the degree of a person but the skills and knowledge of how one teaches the materials. When you set such rigid guidelines, you may miss really qualified teachers. You want to know how an organization assesses quality teaching.	Dec 8, 2012 12:09 AM

Page 3, Q3. If you have any comments about the standard above, please write them here.

Degrees are preferable, but not always produces the best teachers! Again 5 years experience doing what the question is not clear, Is this interpreting or teaching? We could have a very bad teacher doing a course for five years and a great one who only teaches for one year. You want to look at institution resources to supervise and evaluate teachers, syllabus, materials, student teacher evaluations, exit exams and no one speaks of the importance of rubrics! I find language screening an essential component but you must create room for those programs who have qualified language screenings created by experts and qualified consultants. Also one needs to think of languages of less diffusion and leave room for some kind of understanding of proficiency situation.

41	They should be more college's ,university, or technical college be able to afer the class and the tests to be su	Dec 7, 2012 8:34 PM
42	I am aware international students must take these tests to get into college, but where else are they applicable? Do they differ significantly? Would they be required of all non-native English speakers, or only those from outside the U.S. or some other English-speaking country?	Dec 7, 2012 9:44 AM
43	I'm not well informed about each of the above but it'd be helpful to accept/list several with one level higher	Dec 7, 2012 8:57 AM
44	The certification is of no value if hospitals are cutting down on interpreters that have passed the required exams,to be replaced by bilingual clerks that have basic knowledge.	Dec 6, 2012 8:22 PM
45	The item seems to be written incorrectly: How can a "training organization" obtain a college degree, and have "24 university credits in an English-speaking country"? Do you mean the professionals who head up the training organization, or what, exactly?	Dec 5, 2012 12:37 PM
46	The candidate for certification should have at least a Bachelors from a USA or other English speaking institution and if the degree is from L2 country or institution, then an English proficiency test should be required. BA, BS, MA, MS op PhD is necessary to ensure a acceptable level of formal education.	Dec 4, 2012 10:06 PM
47	24 University Credits: Do you mean language specific? Or just any credit? I think many people can be well qualified without taking these tests to show it. Some people learn just as well through experience.	Dec 4, 2012 12:44 PM
48	Many foreign interpreters come with qualifications form other countries that are fully recognized in the US. Recognizing only US college degrees would be discriminatory.	Dec 4, 2012 12:30 PM
49	As most of the interpreters we hire come as refugees and assist the Refugee as medical appointments and other the ability to have an advanced degree or transfer the advance degree to the U.S. is highly limited. Having degree stands or other standards can have an enormous impact on the ability to find interpreters in languages of lesser or limited diffusion. Our agencies deals almost exclusively in these languages.	Dec 4, 2012 12:30 PM
50	Not being familiar with these tests/and or the grading systems, I can't comment on the proficiency tests.	Dec 4, 2012 12:27 PM

Page 3, Q3. If you have any comments about the standard above, please write them here.

51	I believe the interpreter should provide proof of English proficiency. So either holding a degree from an English speaking institution of higher education OR passing an English proficiency test should be required. However, I don't feel BOTH are necessary (one or the other should suffice)	Dec 4, 2012 11:39 AM
52	We took MELAB plus the Dallas exams to work in the Hospitals, some took the certification exam to be replaced at work by bilingual clerks that only have the basic bilingual general exam, What is the point of all tests if there is no job protection?	Dec 4, 2012 7:31 AM
53	Not familiar with many of the tests above	Dec 4, 2012 5:31 AM
54	Why isn't completion of a High School diploma in an English speaking country sufficient to demonstrate proficiency?	Dec 4, 2012 3:49 AM
55	I don't understand how a training organization can be any of these. Are you saying that the instructors must fit these criteria?	Nov 27, 2012 10:55 PM
56	Language proficiency should be tested prior to admission	Nov 25, 2012 2:51 PM
57	1) The college credits vs. degree--are these being considered as options (only one will actually be used) or alternatives? Our community college program offers the option of a course which specifically supports the English-language development of otherwise well-qualified high-level ESL candidates. There is no room for this in this standard. 3) Not familiar with all of the English tests.	Nov 21, 2012 7:13 PM
58	There should be 2 or 3 levels of accreditation depending on proficiency in English and the Language Other Than English to accommodate new and emerging language groups in which there are not many bilinguals whose proficiency will enable them to reach the high standards for a while (improvement to the top level will be incremental as they acculturate)	Nov 21, 2012 5:48 PM
59	or equivalent	Nov 20, 2012 12:26 PM
60	No Comment	Nov 20, 2012 7:13 AM
61	Not familiar with other test.	Nov 20, 2012 12:26 AM
62	Not aware of the details or measurements of above tests; however, proficiency should be measured.	Nov 19, 2012 7:25 PM
63	I assume the question is about trainers in the organization, correct? It is not clear and somewhat confusing	Nov 19, 2012 4:35 PM
64	Experience or a foreign degree (UK, other countries with high level English education, and experience e.g. growing up in a family where English is a primary language even if it is outside the US) can also substitute for proficiency in English	Nov 19, 2012 3:53 PM
65	This seems to be a requirement for instructors, not training organizations.	Nov 19, 2012 2:44 PM
66	I think the professional experience should be 10 years or more. I don't think the MELAB should be considered as this is a state's requirement (right?) I think the certificates should be at the national or international level not state level.	Nov 18, 2012 10:11 PM

Page 3, Q3. If you have any comments about the standard above, please write them here.

67	Testing proficiency can be done at a different time. It can be done DURING the interpreting test itself which would save the candidate the added expense of having to pay for proficiency tests. Let me give you an example of this :The ECFMG (Educational Comission for Foreign Medical Graduates) has taken a different approach to language proficiency. Years ago, they would require that international medical graduates (IMGs) take the TOEFL as a requirement for ECFMG certification. The TOEFL was eliminated as a requirement. What they did was start grading proficiency DURING their only live test (Step 2 CS) where the IMGs are evaluated for : medical knowledge and SEP (Spoken English Proficiency) AT THE SAME TIME. And proficiency for an IMG is not a minor thing for the ECFMG. I believe that the NBCMI could do the same by evaluating interpreting skills and proficiency AT THE SAME TIME during the oral exam. I would still make the training available to all bilinguals who desire it.On the other hand the fact that the bilingual students in a training program have not taken a proficiency test does not make that training program less valuable. It is unrealistic to expect that the only people who should be given the opportunity to access training are those who already have 5 years experience. That just doesn't make sense to me and would leave a lot of good interpreters out of a training program with that 5 year experience requirement.	Nov 18, 2012 8:45 PM
68	Some of the tests listed, like the TOEFL or the First Certificate in English, are very basic/low level, and they barely demonstrate proficiency in English. I passed the FCE when I was 11 years old! And the CPE and the Michigan test when I was 15. I came to the USA a few years later and realized my English was insufficient to even get by. These tests cover grammar and vocabulary but when it comes to every-day language and speaking/understanding, they are useless. Same for TOEFL, it's really basic. We shouldn't judge an interpreter's English skills based on these tests, they mean nothing.	Nov 18, 2012 5:41 PM
69	It does make sense as asked. Does it mean that all trainers in an organization must have passed one of these tests or is it that they must require all the trainees to have passed one of these tests? Or that they include in their programs training for their trainees so they can passe one of these tests? Poorly asked question.	Nov 18, 2012 10:07 AM
70	The profession needs to get a better pay a full time medical intepreter (in house) at least have to make 25.00 per hour to start with all the benefits. To be a medical interpreter it is not easy and require a lot of training and years of study.	Nov 17, 2012 10:44 PM
71	I couldn't really answer the question. I don't understand how a "training organization" can have "proficiency in English," hold a degree, or have taken a test.	Nov 16, 2012 7:28 PM
72	Need to be legal in the United States of America	Nov 16, 2012 5:07 PM
73	I do not agree because we started a year ago as a language agency and we are working hard to have our own course that will add a lot to our company. There a lot of talented people who are successful in teaching any course and they do not have the american degree but they have something similar and are able to do better.	Nov 16, 2012 1:40 PM
74	I don't feel that a masters or PhD in a non-related field would necessarily add much to one's ability to be or become a trainer of medical interpreters. If it were	Nov 16, 2012 12:13 PM

Page 3, Q3. If you have any comments about the standard above, please write them here.

a related field, I would see that as a good idea. Also, as a novice is has not closely studied the testing standards listed above, I am not sure where the scores mentioned fall in terms of ability -- we need to be careful not to have the standards so very high that there will be very few people educated in foreign countries who could become recognized trainers.

75	Interpreters that have low income or has lost hours of work are the ones that are going to have a very hard time to pay \$\$\$ for this exams. I myself got cut 10 hours a week and I will hopefully be retiring in 31/2 years. I sometimes wonders, what are my benefits of going for this accreditation. Will they give me back my hours, more pay???	Nov 16, 2012 8:10 AM
76	I have familiarity only with TOEFL	Nov 15, 2012 6:36 PM
77	what if the candidate possess a post grad degree obtained in English?	Nov 15, 2012 4:54 PM

Page 3, Q5. If you have any comments on the standards above, please write them here.

1	Knowledge of another language should be a must.	May 12, 2013 1:37 PM
2	minimum education should be a bachelor ,no HS or GED ,	May 7, 2013 10:53 AM
3	Interpreter training program can be language-neutral, so I dont think L2 proficiency is such an issue. How can an instructor be proficient in all languages in the classroom for language-neutral or minority languages? 1C contradicts 1A and I think high school is NOT enough to train interpreters 1D -- age is too low and contracdistc 5 years experience requirement, since one cannot work as an interpreter at the age of 13. I would suggest taking age out and leaving experience in, or do minmum age of 23.	Apr 25, 2013 2:54 PM
4	5 years Profession experinece in what: interpreting? teaching? other?Assuming you meant the trainer--you cannot reasonable expect most trainers to have univerity level classes in both counties.** Is the GED and Age minimum for the students enoled in the classes? if so I agree with that minimum.--I guess the teacher should also have at least those too... The questions ore too criptic--it is not clear exactly what you are asking--sorry!	Apr 18, 2013 8:26 PM
5	Proficiency in other language should be tested in the same way as the proficiency in English. Many so call "bilingual" interpreters have learned the second language at home, but their knowledge of the second language falls short from having a professional level. Many organizations put emphases on having an interpreter that handles well the English language, but that standard is many times overlooked when it comes to the second language. I personally see this a lot in the medical field.	Apr 18, 2013 2:36 PM
6	Mimumum education: associate degree	Apr 17, 2013 10:18 AM
7	Please see the comments above.	Apr 16, 2013 7:47 PM
8	I don't understand why written samples of work are to be useful. Course outline, syllabus, or video of actual training would be more to the point.	Apr 16, 2013 4:54 PM
9	again, this question is so poorly worded- how can a training organization have skills- do you mean staff? minimum age- is this for a trainer? or student? very confusing question. please re-do. Not all trainers need be interpreters especially those teaching accent reduction courses or courses on memory or vicarious traumatization prevention or medical terminology or ethics. etc.	Apr 16, 2013 10:28 AM
10	How can a "training organization" be "proficient?" Again, this isn't defined. Do you mean the specific people inside the organization? And which ones? Playing which roles? Non-bilingual medical providers. for example, can be amazingly effective at training certain aspects of medical interpreting.	Apr 15, 2013 2:02 AM
11	1B - A trainer than have obtained a Bachelor, Master, PhD from any US Institution should be know English at Professional level	Apr 13, 2013 10:01 PM
12	A high school or GED don't seem enough to achieve the proficiency implied by some of the other criteria.	Apr 13, 2013 5:57 PM
13	We are a community college, so I would prefer to consider applicants who are at least 18 years of age and older.	Mar 30, 2013 8:54 AM

Page 3, Q5. If you have any comments on the standards above, please write them here.

14	how is question 4 different from question 2?	Jan 30, 2013 4:03 PM
15	YOU ARE SO FAR FROM REALITY!!!!!!!!!!!!!! Get out of your offices and look at the social determinants of health and health disparities and you'll see access to services is key and your building barriers to providing access...we have little to no resources in our area and that needs to be provided first.....	Jan 25, 2013 12:50 PM
16	Refugees often times become interpreters, but haven't had opportunities for higher education in their country of origin.	Jan 24, 2013 6:28 PM
17	Languages of lesser diffusion excluded.	Jan 24, 2013 1:42 PM
18	I think that you should test the weaker language to determine fluency.	Jan 24, 2013 1:12 PM
19	1 For minority language interpreter who already have Bachelors and Masters degree in science from foreign country and have completed 24 credit class in US institution should get chance to be seated in certification exam. 2 If candidate has completed college credit in Human anatomy and physiology I & II, Medical terminology, Microbiology, these type of candidates should have chance to be seated in medical interpreter certification exam.	Jan 24, 2013 12:09 PM
20	Empirical interpreters may not have any of the above requirements yet an IMIA Test could determine that experience and dedication fully compensate.	Jan 24, 2013 10:48 AM
21	1.) Submission of a curriculum that engages the participant to the extent of practicum shadowed/evaluated by CMI-Trainer before the certificate of completion will be granted. 2.) Proven record of program participants with 95% passing the CMI testing. - This would give the industry and certification a higher standard and more respect on a professional level.	Jan 23, 2013 10:17 PM
22	GED or high school education is not sufficient as the minimum level of education for a medical interpreter.	Jan 23, 2013 9:28 PM
23	I think any interpreter in the medical field needs to have medical experience and life experience in addition to language ability	Jan 16, 2013 2:20 PM
24	Again, I am confused about the question.	Jan 15, 2013 8:14 PM
25	Instructions state "4. Please rate how much you agree with the statements below as requirements for a training organization to become accredited. Admission will require ONE of the following:" Does this mean of Standards 1A through 1E, only one of these standards will apply? Or does that statement only apply to Standard 1B? Why is Standard 1A a stand-alone question? I'm confused by the survey structure and will skip Questions 2 and 4.	Jan 15, 2013 1:10 PM
26	Please note this error! NCIHC made the same type of mistake. ACTFL is Advanced Mid. The number scale (1-5) is from ILR, not ACTFL and the equivalency for Advanced Mid is 2.5, not 3.5. This is BIG error. Also it's very confusing to list BA, 24 credits and then High school GED. Does agree very much with one negate the other? Finally these standards mix trainer standards with organizational standards in a way that is frankly confusing and not rigorous or robust. These standards urgently need to be revisited.	Jan 12, 2013 1:49 PM

Page 3, Q5. If you have any comments on the standards above, please write them here.

27	I think 18 is much too young to be an effective interpreter trainer.	Jan 5, 2013 1:05 AM
28	The organization must have as a trainer a person with medical or nursing background.	Dec 16, 2012 10:53 PM
29	Trainers should have a reputable assessment of their skills in English and the target language if they are required to be fully bilingual to teach. Even though the ACTFL is the "gold" standard I believe there may be other assessments available that would cost less and would be equally acceptable.	Dec 12, 2012 12:42 AM
30	The questions refers to organization and yet the requirements are specific to individuals. Do you mean to apply these requirements to the founders/directors of the organization or the trainers/teachers? I would hope it applies to both.	Dec 10, 2012 6:09 PM
31	I am not sure I understand question above. Institution should offer qualified language coaches. Preferably the main faculty should be bilingual and an interpreter, but again do not place yourself in a box. Are you referring to the qualifications of a student or a teacher? Which requirements? Question needs to be worked a bit more!	Dec 8, 2012 12:09 AM
32	Again, to whom, and how, would ACTFL testing be applied? On the education in L2, even as an undergraduate spending a semester in Venezuela, I was only able to take 15 credit hours. I'm hoping age of 18 and high school or equivalent are being considered as the barest of minimums. Life experience plus a college education have helped my interpreting and job readiness beyond measure.	Dec 7, 2012 9:44 AM
33	The minimum age should be increased because it's beyond being "an adult"; it about the levels of experience and maturity	Dec 7, 2012 8:57 AM
34	Language assessment from a reliable institution not necessarily the ones indicated above.	Dec 6, 2012 7:54 PM
35	Again, the item is require the "training organization" to have abilities that can only be assigned to individuals within the organization. What are you looking for?	Dec 5, 2012 12:37 PM
36	Since I believe the candidate should have at least a Bachelors degree, the candidate should be at least 21 to ensure proper education and maturity. I also don't agree with the 5 years of experience as a requirement. I have meet few interpreters with very rudimentary knowledge of L2 who have been interpreting for years doing a substandard job and getting by because the provider had no way of judging their performance. Everyone should prove their knowledge of both language, experience doesn't prove much.	Dec 4, 2012 10:06 PM
37	As one who was originally denied an interview as an interpreter because I wasn't "from another country or had lived in one", I strongly reject the idea that education be a prerequisite for certification. I learned through a lot of practice and now am in a position of beginning to head up a large hospital's interpreter program. Many foreign language speakers ask me what county I'm from because my Spanish sounds so natural. In other words, I believe that competence is not guaranteed or limited by post secondary education.	Dec 4, 2012 12:44 PM
38	Again it seems discriminatory, I will not continue with the survey. It feels biased.	Dec 4, 2012 12:30 PM

Page 3, Q5. If you have any comments on the standards above, please write them here.

39	As most of the interpreters we hire come as refugees and assist the Refugee as medical appointments and other the ability to have an advanced degree or transfer the advance degree to the U.S. is highly limited. Having degree stands or other standards can have an enormous impact on the ability to find interpreters in languages of lesser or limited diffusion. Our agencies deals almost exclusively in these languages.	Dec 4, 2012 12:30 PM
40	Not able to comment, could not find the ratings on the ACTFL website to see what Advanced Mid Level means, suspect this is too low.	Dec 4, 2012 12:27 PM
41	I believe the interpreter should provide proof of proficiency in target language. So either holding a degree form an institution of higher education where target language is spoken OR passing a target language proficiency test should be required. However, I don't feel BOTH are necessary (one or the other should suffice)	Dec 4, 2012 11:39 AM
42	Knowledge of working languages is important but more importatn are training credentials, degrees and certifications of the trainers which a better measure of language command	Dec 4, 2012 8:18 AM
43	Same comment as above.	Nov 27, 2012 10:55 PM
44	I'm not sure of the Standard rating in this section and assume Standard 1 to mean basic and the letters in ascending order of mastery?	Nov 26, 2012 1:07 PM
45	In my opinion an 18 year old don't have the maturity to deal with a difficult medical or legal encounter. No matter how fluent they are they still need a lot of training and experience to be able to perform at an acceptable level. Require age should be at least 21.	Nov 23, 2012 9:31 AM
46	Was #4 written correctly? Shouldn't it only be for Standard 1B?	Nov 21, 2012 7:13 PM
47	The minimum should be a Bachelor degree	Nov 20, 2012 4:10 PM
48	Minimum education required should be at least a BA	Nov 20, 2012 12:26 PM
49	No comment	Nov 20, 2012 7:13 AM
50	Still about the trainers? Still confusing.	Nov 19, 2012 4:35 PM
51	The same as above applies also for other countries; it is important to learn the language from experienced speakers which are either native speakers or near native speakers but it does not necessary has to be from an institution in a specific country; tests might not reflect all the time the knowledge of a speaker as it is a one time evluation	Nov 19, 2012 3:53 PM
52	Standard 1B seems to be a requirement for instructors, not training organizations.	Nov 19, 2012 2:44 PM
53	Minimum education required high school or GED??? NO. Unless the high school is a language school this requirement is not fair. Anyone can pass high school nowadays! We don't need to lower our standards. NO WAY. Minimum age required 18? NO People at 18 don't know what they want. I think 21 would be a little bit more acceptable. Letting high schoolers in is how we've gotten such low	Nov 18, 2012 10:11 PM

Page 3, Q5. If you have any comments on the standards above, please write them here.

	quality interpreters into our profession.	
54	How about a degree in translation or interpretation that includes the source and the target language, irrespective of where it is located?	Nov 18, 2012 5:41 PM
55	These questions seem to be stated as if they were determining an individual's certification not a training program's accreditation.	Nov 18, 2012 10:07 AM
56	The exam is too expensive. Hospitals does not want to pay for training neither for the test.	Nov 17, 2012 10:44 PM
57	Tertiary education with majors and postgrad specialization in the other language from an English speaking country could be ok if applicant is pretty much balanced bilingual and has travel, short term education and aggregate of at least 12 months of living in other country or countries with other language.	Nov 17, 2012 3:13 AM
58	The admission criteria should be the same for English and for the second language.	Nov 17, 2012 3:03 AM
59	I reiterate my comments made in Question 3 here.	Nov 16, 2012 7:28 PM
60	It should include SHADOWING in a minimum of X encounters with a provider in different subjects to evaluate the real performance of the interpreter's ability to interpret.	Nov 16, 2012 5:07 PM
61	The first two questions make it sound as though you are certifying a person as a trainer and not a program. If it is the program being certified, then you must have people who meet these criteria, but not necessarily 1 person to fulfill all of the requirements. I would also take into account language immersion programs and establish a minimum amount of hours in a language immersion program rather than only permitting college courses in the language since immersion can result in much faster and thorough learning. Not sure what "samples of work:" are being requested of the person with 5 years experience . . . lesson plans or translations or what?	Nov 16, 2012 12:13 PM
62	same applies as previous question?	Nov 15, 2012 4:54 PM
63	Please note that at most US colleges and universities, the first four semester courses (ie French I-IV) of a foreign language total 16 credit hours. Having 24 credit hours in a foreign language for some could mean having only 2-3 courses beyond the basic level of that language. It would be difficult to consider the average student with 24 credits including the 16 credits of introductory language courses to be fluent in the language.	Oct 31, 2012 5:41 PM
64	it should be higher than GED or high school.	Oct 26, 2012 2:50 PM

Page 3, Q7. If you have any comments on the standards above, please write them here.

1	When focusing on the student development, resources must be available.	May 12, 2013 1:37 PM
2	Equal opportunity AND affirmative action? I think anyone who can do interpretation and translation should be counted on merit regardless of sex, race, etc. Quotas would allow less qualified people, as such, why not simply lower the barrier of entry for everyone? If it has to do with fairness and access, it's simple, do not require an expensive college degree (economic background.) Lastly, affirmative action will have people question others in the profession, i.e. "Did they earn it?" It is unfair to those who worked hard, regardless if the odds were tilted in their favor or not.	May 11, 2013 4:52 PM
3	2H is too vague. I don't think a ratio should be set b/c it really depends on the format, delivery, etc.	Apr 25, 2013 2:54 PM
4	Did not understand Standard 2D	Apr 22, 2013 9:17 AM
5	probably you mean student access "TO" information--if so I agree. What are : student administrative needs outside the classroom? You cannot require Accreditation as a prerequisite for Accreditation .Medical consultant is good, IF the teacher does not have enough medical interpreting experience of their own. Referral to remedial services sounds good, but I'm not sure what that would look like, would there have to be tutors standing by?	Apr 18, 2013 8:26 PM
6	Yes, finally! Very clear statements, with exact references to the appropriate personnel, members of the training institutions! Great job!	Apr 16, 2013 7:47 PM
7	What about individuals with impeccable training credentials and certification as medical interpreters? There should be some provision for recognizing them as competent trainers not linked to an organization.	Apr 16, 2013 4:54 PM
8	What about pedagogy advisors or training design advisors? Also I see no questions about minimum number of hours, screening exams for entry into the program, minimum number of practicum hours and nothing about exams for graduation which should be both written as well as actual interpreting.	Apr 16, 2013 10:28 AM
9	Again -	Apr 15, 2013 2:02 AM
10	Standard 2D: What does "may" mean as a standard? The prior ones read "shall," which makes more sense.	Apr 13, 2013 5:57 PM
11	Standard 2H is somewhat vague, there should be a minimum Instructor / Student ratio stated.	Apr 12, 2013 9:49 PM
12	How do you plan to check if the training agency is meeting all the expectations?	Feb 9, 2013 4:29 PM
13	This is already in place in the Post Secondary process. While I agree that it is general, there is no "standards or accreditation process" for organizations such as IMIA to feel this is their responsibility.	Feb 5, 2013 1:10 PM
14	Standard 2E Social workers were excluded from this listing and they have been the conduit for provision of service since SW evolved!	Jan 25, 2013 12:50 PM
15	I think the most important thing is to send an IMIA representative to EVERY class. Either they participate for free as a student or they observe the class	Jan 24, 2013 1:12 PM

Page 3, Q7. If you have any comments on the standards above, please write them here.

once every 2 years.

16	Standard 2D: May be unrealistic for new organizations which may have a great potential but not yet recognized by other agencies at the time of submission. Standard 2E: Healthcare background could include experience as a support healthcare staff with 10+ years experience even if not a MD, PA, NP, RN. Many interpreters who would be great as adviser/reviewer may not have that additional schooling because their career geared into the interpreting field. Rather said that they may have decided to be an interpreter while having been in school or working in a clinical setting as support staff (CNA, RT, PT, APT, or Speech Therapy) but very familiar and most connected to patients.	Jan 23, 2013 10:17 PM
17	A healthcare advisor would be helpful to students. Such an advisor should have an indepth clinical and theoretical knowledge of various disciplines of medicine. Individuals with a background in non-clinical areas of medicine such as public health, healthcare administration, and medical research would not fulfill such requirements. Also, many allied health professionals may not possess the breadth of medical knowledge necessary to be a healthcare advisor as many technical programs are more task oriented. This may be the case with medical assistants, EKG technicians, etc. With that in mind, the medical advisor should hold a minimum of a bachelor's degree in their field with the exception of RNs and PAs who have completed Associate Degree programs but have passed the same licensing examinations as their colleagues who hold bachelors or masters degrees in the same field.	Jan 23, 2013 9:28 PM
18	The training program should be modeled after other professional medical service provision programs	Jan 16, 2013 2:20 PM
19	I would suggest a broader healthcare advisor qualification, such as health educator, health policy advocate, CAM practioner, etc.	Jan 15, 2013 8:14 PM
20	2D: Who accredits this type of program? Not very feasible to impose. 2G: This is a very complex issue that presupposes everyone or most in a training program SHOULD go on to interpret in medical settings. Many should not. Not saying to delete this but I think the standard needs to be clarified and more nuanced. 2H I actually strongly agree, in principle: but who is going to decide what that ratio is? And if you don't, how can you have the standard?	Jan 12, 2013 1:49 PM
21	On standard 2D, the only disagreement would be that it should be both both onsite and online; definitely onsite.	Jan 7, 2013 3:25 PM
22	I would advise the instructor/student ratio be specific and limited to no more than 20:1.	Dec 10, 2012 6:09 PM
23	I believe that the IMIA should not be in business of accrediting a training program. They should recommend that all programs be approved by their local Educational Departments as a post secondary school and follow the law. The IMIA ethically should require that programs post their credentials as an accredited or non accredited school by local entities not the IMIA!	Dec 8, 2012 12:09 AM
24	Access to materials is very different to Affirmative Action. Does this mean per institutional policy? Will students all be admitted based on similar qualifications? clarification needed.	Dec 7, 2012 9:44 AM

Page 3, Q7. If you have any comments on the standards above, please write them here.

25	Standard 2A: How shall this commitment be demonstrated? What are the benchmarks? How will their "commitment" be assessed? A program may offer what they perceive as awards that foster "positive attitudes," for example (certificates of praise, e.g.) that actually lower the morale of the group.	Dec 5, 2012 12:37 PM
26	"Standard 2D: Accreditation by National or State Agency: The training institution may be accredited by a nationally recognized agency or agencies. (Occupational or postsecondary, onsite or online accreditation)." Like what?	Dec 4, 2012 12:44 PM
27	Q 7: If we are advocating for a college degree program, the Healthcare Advisor should at a minimum have a college degree: BSN, for a nurse	Dec 4, 2012 12:27 PM
28	The following standard sounds great, but even better if that Healthcare Adviser were "bilingual" and "bicultural" as they understand the needs for placing an interpreter in a clinical setting. Standard 2E: The program shall have a Healthcare Advisor: This will be an advisor or reviewer for the program; someone with a professional healthcare background and credential (MD, RN, PA, NP etc) with in depth knowledge/experience in the clinical setting	Dec 4, 2012 10:53 AM
29	Why would an interpreting program be required to have an advisor that is not an interpreter? (2E) 2H is very vague--who determines whether the faculty/student ratio is adequate? There are no guidelines.	Nov 21, 2012 7:13 PM
30	Advisor could also be a CMI or CHI with years of experience	Nov 20, 2012 12:26 PM
31	No comment	Nov 20, 2012 7:13 AM
32	While laudable, 2A seems like IMIA is reaching far beyond its domain to legislate how training orgs are run. I suggest this be dropped for simplicity at this point. If the organizations are causing trouble, consider this at that time. 2B and 2C seem very vague. Isn't 2D what IMIA will be doing? For 2H I strongly disagree with legislating ratios as it stifles innovation--if a better, more effective teaching technique is developed, which allows larger class sizes, this rule will prevent it. It's better to measure student satisfaction with the learning process and confirm if they learned what they needed to learn. I don't recall colleges or universities having mandated ratios, but they do have processes to evaluate teaching effectiveness and improvements.	Nov 19, 2012 2:44 PM
33	More details are needed for standard 2 C. It is not clear to me.	Nov 19, 2012 12:42 PM
34	2C is difficult to understand	Nov 19, 2012 10:06 AM
35	ONE healthcare advisor would not provide balance. Maybe a mini-board of THREE healthcare professionals, that way there is more balance, culturally and professionally. Giving that much power to one person would be counterproductive and it could lead itself to unfairness.	Nov 18, 2012 10:11 PM
36	This assumes a larger institution and does not include regions that do not have colleges or corporations with large formal programs. Where do the independent instructors offering trainings fit into this accreditation scheme?	Nov 18, 2012 10:07 AM
37	The all test (exam) is too expensive. Almost 500.00 dollars	Nov 17, 2012 10:44 PM

Page 3, Q7. If you have any comments on the standards above, please write them here.

38	These standards seem so low that it appears you are planning for a 3rd world organization to run a low level program. Standard 2G is acceptable but why admit people who need remediation? Is this for so-called 'rare languages'?	Nov 17, 2012 3:13 AM
39	How do you measure Standard 2H? Standard 2C: Administrative Staff: The training institution shall demonstrate resources are in place to manage student administrative needs outside the classroom. What does this mean?	Nov 17, 2012 3:03 AM
40	Regarding Standard 2E, I like that there is representation from the professional field, but I think it would be more fair to also include a "consumer advisor," meaning someone who represents the interests of the LEP communities.	Nov 16, 2012 7:28 PM
41	I think that the opportunity for teaching an interpreter should be given to an Interpreter that has been in the field for 10 years at list, I think this person is very valuable to the teaching team.	Nov 16, 2012 5:07 PM
42	2B is not at all clear to me. 2D, I believe, would prohibit on the job training programs from being certified. 2H is not clear enough to include, unless something more specific is included, e.g. Classes will be no larger than x per instructor, etc.	Nov 16, 2012 12:13 PM
43	Unfortunately there are a lot of unqualified trainers teaching medical terminology. If an individual does not possess the qualifications to teach medical terminology at the community college level, they should not be considered qualified to teach medical terminology to medical interpreters. Having a medical professional as a healthcare advisor helps to ensure the quality of the medical curriculum with respect to medical interpreting. Unfortunately there are a number of programs claiming to have in depth, advanced, extensive etc. medical terminology training in a primary training course of less than 100 hours. Accredited programs should not be claiming to have such extensive terminology training when an entry-level medical terminology course at the community college meets for far longer than the required 40 hour medical interpreter training course. The same goes for anatomy and physiology, pathophysiology etc. It is impossible for an interpreter trainer without an MS in science, RN, MD, etc to claim to be teaching these topics in depth. A medical advisor would be more familiar with the standards of medical terminology, anatomy and physiology, pathology, pharmacology, etc and could help ensure not only that the medical terminology curriculum of a program is adequate but also to help ensure that courses are correctly described. The science and medical community has a very different meaning of the words advanced and extensive when it comes to such topics, and the medical interpreting community should be in line with those standards in order for us to maintain our credibility in the healthcare field.	Oct 31, 2012 5:41 PM

Page 3, Q9. If you have any comments on the standards above, please write them here.

1	A learning environment has to possess minimum and adequate standards.	May 12, 2013 1:37 PM
2	3E: I don't believe bilingual glossaries should be handed out--I believe students should do this work themselves to better prepare for real world experience and learn how to find terminology on their own.	Apr 25, 2013 2:54 PM
3	These seemed very clear and understandable.	Apr 18, 2013 8:26 PM
4	Important to have access to language lab equipment to practice different interpreting modes	Apr 18, 2013 2:36 PM
5	Excellent standards!	Apr 16, 2013 7:47 PM
6	I don't necessarily have any issue with appropriate space requirements. It is true that an adequate space in which to teach is important. As long as the the space standards are based on adequate space rather than the space an educational insitution may have (not all interpreter training programs exist at a university), than I believe the standards for space are good.	Apr 16, 2013 3:11 PM
7	I think it should say "on-site programs" throughout (use the hyphen). Standard 3E: This is one of the most important resources, and a list of recommended bibliography might be worth printing. There should be access to monolingual reference materials in both languages, that are not just translations (i.e., not just Mosby in Spanish), and the resource center should hold bilingual dictionaries/glossaries as reference materials that might be too expensive for students to purchase (such as Navarro's dictionary). As a matter of fact, Navarro's dictionary should be required for programs training Spanish speakers. Even if the program does not adopt all his suggestions on how to translate terms, it provides useful insights on some of the typical translation problems between English and Spanish.	Apr 13, 2013 5:57 PM
8	Again, this is already in place by the Post Secondary Education State Process	Feb 5, 2013 1:10 PM
9	I think the course should provide a lesson book and a medical glossary in the language (if it exists). Providing internet etc, is a little much. I wouldn't want my office space to turn into a public library.	Jan 24, 2013 1:12 PM
10	Standard 3E: This would include a preferred text/glossary/manual LIST which participants would be able to access electronically or purchase elsewhere such as amazon/books.com...etc.	Jan 23, 2013 10:17 PM
11	These programs need to be fully staffed, designed, and equipped based on only the highest standards in the field, not thrown together in someone's garage or rented warehouse	Jan 16, 2013 2:20 PM
12	1. What about distance education? 2. Telephonic meetings are acceptable for student advising 3. Students generally procure their own materials and books. A book list or bibliography should be available.	Jan 15, 2013 8:14 PM
13	3C We have that space but it seems unfair to impose it on startup training organizations, which are often very qualified independent trainers without offices. 3E: But keep in mind for LLDs there are often limited resources	Jan 12, 2013 1:49 PM

Page 3, Q9. If you have any comments on the standards above, please write them here.

14	Resources: The program should not have to provide the resources, but can list available resources for participants.	Jan 7, 2013 8:33 AM
15	Where are the standards for on-line programs?	Dec 27, 2012 7:20 PM
16	Standard 3E - Students should know where to go to purchase resources; Trainers cannot be expected to have all languages available, but can tell students where to access them.	Dec 11, 2012 5:22 PM
17	The most essential resources should be available online in addition to hard copies.	Dec 10, 2012 6:09 PM
18	I'm still somewhat confused "student advising" is very necessary in a university setting, and space is often provided there. However, I doubt an AHEC program would have/need that. Again, "manuals, books and glossaries" in an ideal world would be at everyone's fingertips. How might non-university or non-hospital-associated programs have access to these materials?	Dec 7, 2012 9:44 AM
19	Rather reluctant in this item... "Agree very much" in developed countries, but care should be exercised not to dream of US standards in, say, East Timor or Haiti.	Dec 6, 2012 3:13 PM
20	have the manual, glossaries to be free online.	Dec 5, 2012 6:08 PM
21	Standard 3E - generally students have to buy their own resources, not have them provided.	Dec 5, 2012 3:25 PM
22	There does not have to be a space set apart for private advising. It is enough to simply reserve a common space for a student at a time when there is no communal activity.	Dec 4, 2012 12:44 PM
23	training institutions come in different shapes and many may not have a physical permanent location to provide onsite student advice. There should be more flexibility on how studentt advise should be given	Dec 4, 2012 8:18 AM
24	No comment	Nov 20, 2012 7:13 AM
25	Teaching the students to be proactive in acquiring their own material e.g. glossaries, where to look for own resources would be very helpful for future work.	Nov 19, 2012 3:53 PM
26	These look a bit vague.	Nov 19, 2012 2:44 PM
27	Don't know what to think about this section. I've seen students educated in very poor classrooms who know much more and are more professional than students who learned in classrooms with the latest technology. Environment only goes so far.	Nov 18, 2012 10:11 PM
28	Again - this assumes a large program on a campus not, for instance, programs dependent upon a local professional development association.	Nov 18, 2012 10:07 AM
29	We need more pay.	Nov 17, 2012 10:44 PM
30	Again, it seems that you are planning to run low level programs in a 3rd world	Nov 17, 2012 3:13 AM

Page 3, Q9. If you have any comments on the standards above, please write them here.

country. What about access to computers and video relay equipment and video equipment for classroom use?

31	How about sole educators who teach part-time, which could even be in a private home for a few students, the Federal Guidelines would be too restrictive for these educators/trainers who otherwise offer excellent training. Standard 3D: Supplies, and Equipment: Ready access to an adequate supply of material for the successful completion of the program. Students should provider their own materials and supplies. Standard 3E: Learning Resources: Having resources is not enough if there is no instructor who is qualified to teach the materials in both languages.	Nov 17, 2012 3:03 AM
32	online is highly required	Nov 15, 2012 4:54 PM
33	While I agree with standard 3E, this should not allow a program to be considered to have a language specific training. Language specific training must include medical terminology instruction and interpreting practice in the non-English language in addition to those resources.	Oct 31, 2012 5:41 PM
34	materials are hard to find and unavailable in some languages	Oct 26, 2012 2:50 PM

Page 3, Q11. If you have any comments on the standards above, please write them here.

1	Information about what and how should be available, clear and consistent.	May 12, 2013 1:37 PM
2	Again, I agree with nondiscrimination, anyone who can do the job adequately should be considered. However, having "quotas" and affirmative action is discrimination. Make it more accessible to everyone in that case. Build more institutions and address the actual disadvantage, economic background.	May 11, 2013 4:52 PM
3	Great standards!	Apr 16, 2013 7:47 PM
4	Again, nothing about the rigors of the training program, minimum number of subjects covered, maximum amount that can be on line vs in person, practicum hours shadowing and being shadowed, any kind of mentorship program, how rigorous should the final exam be.	Apr 16, 2013 10:28 AM
5	I would like to see that student records be maintained for longer than three years. Maybe 7 or longer.	Apr 15, 2013 11:04 AM
6	Again - these standards read like boiler plate for an academic institution - some may not apply to the broad range of credible training organizations providing instruction.	Apr 15, 2013 2:02 AM
7	Standard 4E: Instructor (use the singular, or put in the possessive). 4H. Admission in the singular, when used as an adjective, just as in the following standard. 4J: A Certificate of Attendance is different from a Certificate of Successful Completion. Do you know want to give Certificates of Attendance at all? It would probably be better, and to just give certificates of successful completion. A letter could be written indicating a student attended, if they needed proof of attendance, without issuing a certificate of any kind.	Apr 13, 2013 5:57 PM
8	4B: Admissions and instructor selection should be made on the basis of performance in entrance exams, ability to learn. For instructors should based on grades, qualifications, credentials and ability to teach regardless of any artificially set quotas.	Apr 12, 2013 9:49 PM
9	Standards are already in place and IMIA does not have the professionalism to feel they are able to handle this so called "accreditation."	Feb 5, 2013 1:10 PM
10	let's not make this system so burdensome!	Jan 25, 2013 12:50 PM
11	I think that the accreditation should have an audit. Pick out 1 student and ask for everything, entrance exam, agreement, certificate, etc.	Jan 24, 2013 1:12 PM
12	Records should be maintained for more than three years. Current technology should allow for that.	Jan 24, 2013 10:48 AM
13	The training should be clear about the difference between a Certificate and the Certification, there is some training that are publicizing their training as a certificate and the people who is the first time expose to our profession, they get very confuse about it. And that is unacceptable.	Jan 24, 2013 9:49 AM
14	Criteria for graduation should be universal, and students should be required to demonstrate knowledge of medical terminology in both languages in addition to demonstrating the ability to interpret in the medical setting following the IMIA	Jan 23, 2013 9:28 PM

Page 3, Q11. If you have any comments on the standards above, please write them here.

Standards.		
15	These programs should be run as other higher education programs are run.	Jan 16, 2013 2:20 PM
16	Standard 4B - suggested reword: ". . . comply with institution's published policies."	Jan 15, 2013 1:10 PM
17	4J: You are equating certificates of successful completion with certificates of attendance which, on the surface, appears inadmissible or at least an unwarranted imposition.	Jan 12, 2013 1:49 PM
18	I would prefer a requirement of longer than 3 years for record maintenance.	Jan 8, 2013 12:31 PM
19	Standard 4K: I believe records should be maintained for many years.	Jan 7, 2013 3:25 PM
20	Many standards seem exceedingly vague.	Dec 27, 2012 7:20 PM
21	Records shall be maintained for more than 3 years, at least 5.	Dec 10, 2012 6:09 PM
22	This is and more are part of accredited post secondary schools. Again the IMIA should only request that programs state if they are an accredited school. IMIA could create a paper and advisory for consumers of interpreting classes, but this is redundant and I find that the IMIA cannot be an Interpreter Association and the police for a fee! Who are you trying to serve? There is a process that is more complex than this one. Are you legally covered when you accredited a program? This may get the IMIA into serious legal trouble. Accredited programs have to be insured, have a bond for a certain amount and more!	Dec 8, 2012 12:09 AM
23	The admission, tuition and fees, and objective standard clarifies and alleviates my concerns regarding affirmative action above, but how was the 3-year time of maintaining records chosen?	Dec 7, 2012 9:44 AM
24	Standard 4F, if not thoroughly exercised may mean a death sentence to the interpreter. Please, refer to www.red-t.org (The Red T raises awareness of the plight of translators and interpreters working in conflict zones, detention camps, and prisons.)	Dec 6, 2012 3:13 PM
25	Standard 4K: Why only 3 years? I am able to get records from all the institutions I have ever attended, and it's been WAY past 3 years.	Dec 4, 2012 12:27 PM
26	If student attend the program I think we should give an attendance certificate or recognition that is not a successful certification or completion.	Nov 23, 2012 9:31 AM
27	No comment	Nov 20, 2012 7:13 AM
28	You may wish to keep records electronically for a longer period of time, say 6-10 years.	Nov 19, 2012 2:29 PM
29	I think records should be maintained for 5 years. 3 seem too short a time.	Nov 18, 2012 10:11 PM
30	Certificate of attendance given to all. Certificate of Completion for those who meet criteria for successful completion.	Nov 18, 2012 8:45 PM
31	I believe that records should be maintained longer than three years.	Nov 18, 2012 6:51 PM

Page 3, Q11. If you have any comments on the standards above, please write them here.

32	same as previous - I hope there will be accreditation standards set for other types of training that is non-institutional	Nov 18, 2012 10:07 AM
33	4J addresses 2 issues. Why give anyone a certificate of attendance when they will be assessed on their performances? If auditing of courses is permitted then give a certificate of attendance but do NOT give a certificate just for attending a course for accreditation. That is too great a contradiction.	Nov 17, 2012 3:13 AM
34	Standard 4F: Confidentiality of Student Information: Provision shall be made for the confidentiality of consumers, students, and instructors associated with educational activities. Students are adults. They should be able to have a say on who may have access to their information. Does this mean that the organization may not list who the mentors are, or who has graduated from the program? Standard 4J: Notice of Criteria for Successful Completion. What is the minimum criteria for successful completion. Does IMIA have recommendations? 90% accuracy in word equivalence? 75%? We need guidance here.	Nov 17, 2012 3:03 AM
35	Standard 4K: I think records should be available for longer than three years.	Nov 16, 2012 11:04 AM
36	Will prefer if Standard 4K has a longer time span, maybe 5 or more years.	Nov 16, 2012 10:45 AM
37	With respect to confidentiality, instructors should be required to disclose any financial and professional relationships with students. Instructors should also disclose their academic background to students, specifically those with a healthcare background. Instructors with healthcare experience and/or PhDs should be required to tell students what their doctoral degree is in in order to not mislead students from believing that their doctor title and healthcare experience means that they are a medical doctor. Accredited Programs and or instructors should not be able to hire interpreters for whom they provide primary training as this is a conflict of interest. Those seeking to train interpreters for their own companies should not be accredited. If programs have financial affiliations with companies (ie a program or instructor receives compensation for referring students or graduates), that must be disclosed to the IMIA and made public knowledge.	Oct 31, 2012 5:41 PM

Page 3, Q13. If you have any comments on the standards above, please write them here.

1	To meet program objectives the quality of the content and the instructors should be more than adequate.	May 12, 2013 1:37 PM
2	The last requirment seems like fluff. A "written plan", as long as there is some form of "continuous education", that should be sufficient.	May 11, 2013 4:52 PM
3	5A and 5G are too vague and set the bar too low; 5I doesn't make sense to me-- a written plan for whose delveopment? Their own or their srudents' or...? Certification should NOT be tied to teaching at this point. It is not enough to be an interpreter (certified or not) to teach, and I don't think certification affects the ability to teach in any way. 5H: how would you measure this? Too vague.	Apr 25, 2013 2:54 PM
4	Standard 5 G has a typo	Apr 22, 2013 9:17 AM
5	Of course instructors should be qualified to teach whatever they are teaching. So subject matter experts may be needed. the focus however, would be on how theinterpret handles these things. What is cultual competence: if someone is bilingual in 2 langagees are they cultually competent when they meet someone from a 3rd or 4th language/country?..becautios about struturing so many rules that you stifle good intentions. Continued professional development is good--but having a written plan sounds like substituting beurocracy for learning	Apr 18, 2013 8:26 PM
6	5E: 6 months imposition period could be very challenging for some instructors; suggestion: 1 - 2 years sounds more reasonable; 5I: each instructor should attend periodically continuing professional developement seminars/workshops.	Apr 16, 2013 7:47 PM
7	Standard 5E: Why the Written Exam and not both? Should there be a timeframe for the instructor to also pass the Oral? Or are you talking about a translation vs. interpreting exam? 5G: Missing a verb: "shall have experiential background" 5I: If the program requires continuing professional development, it should also reimburse the instructors for approved professional development activities, or at least contribute a certain amount to their professional development, proportionate to their load. Perhaps they should complete a certain number of approved CEU per calendar year.	Apr 13, 2013 5:57 PM
8	I think that it would be good to consider a person who has a teaching license, or significant teaching experience, who has also been in the interpreting field, but may not be a certified interpreter per se, but has the linguistic skills, and teaching ability to provide training.. I think that trainers that have been licensed through The Community Interpreting or other similar programs should be considered as trainer candidates.	Apr 13, 2013 4:16 AM
9	I agree with all of these standards, I wonder how is the agency going to be monitored for the adherence to the standards.	Feb 9, 2013 4:29 PM
10	I don't feel these positions should all be interpreters you can use a mix of professional resources to accomplish this process [DO NOT ALL HAVE TO have Masters degrees to perform these tasks.	Jan 25, 2013 12:50 PM
11	I think requiring language coaches will hurt the minor population languages like everyone EXCEPT (Spanish, Russian and Mandarin). This will also increase the price of the course, which will hurt the chances of many people attending. I think that their are other methods of ensuring language checking with different	Jan 24, 2013 1:12 PM

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	languages.	
12	The development of the training should have real medical interpreters involve. If it's not you have all these training that they'd been copying another ones. And also instead to help to our profession grow, what they do it's to keep steady.	Jan 24, 2013 9:49 AM
13	Standard 5E: or proven track record of interpreter experience 10+ years and 5+ years teaching experience. Standard 5I: Instructor's professional development plan encourages program participants and promotes strong advancement in the industry.	Jan 23, 2013 10:17 PM
14	Nationally certified interpreters should possess the credential (it should not be pending). What will happen should the instructor fail obtain national certification within the 6 month time period? Will their program lose accreditation? Instructors should possess a minimum of a bachelors degree, preferably a master's or higher in a related field.	Jan 23, 2013 9:28 PM
15	The testing organization should require a maintain	Jan 16, 2013 2:20 PM
16	Programs should not be required to have a director. Some may be organized as cooperatives, for example. RE certification, if the instructors do not work as professional interpreters themselves, then expensive certification should not be required. Unless the certification exams were made available at a huge discount for instructors. Their qualification as instructors can be assessed separately from HCI certification.	Jan 15, 2013 8:14 PM
17	5C "If applicable"--who defines that? 5G Missing verb 5H Rewrite. NO ONE is culturally competent. This standard reflects a worrisome lack of understanding about what cultural competence is and on its surface appears--I hate to say this--a statement that reflects cultural incompetence. 5I This strikes me as both an odd and intrusive requirement.	Jan 12, 2013 1:49 PM
18	Whereas I agree that national certification is a priority, staffing a program with only certified interpreters may not be feasible at this stage	Jan 10, 2013 6:16 PM
19	5E. I feel they should be certified; a period of 6 months to then get certified means they have been teaching 6 months without it.	Jan 7, 2013 3:25 PM
20	1)There are excellent teachers who may not desire to become certified themselves. 2) How can an instructor demonstrate effective teaching? To whom? A bad teacher will slowly lise	Jan 7, 2013 8:33 AM
21	Standard 5H will need to be better defined - what does it mean when you say that "instructors shall be culturally competent"? By whose determination? By what criteria?	Jan 5, 2013 1:05 AM
22	The standards seem very rigid and not accounting for various types of interpreter training program options.	Dec 27, 2012 7:20 PM
23	5C is unclear to me. What does language-specific instruction mean? I believe that good fluency in both languages should be a requirement to begin the program, so language-specific instruction, for example, teaching Spanish, should not be a requirement.	Dec 18, 2012 12:32 PM

Page 3, Q13. If you have any comments on the standards above, please write them here.

24	Who is going to evaluate the organizations? The owners only care about making money. They don't care about how well qualified is the interpreter they are sending to the agencies to interpret for patients.	Dec 16, 2012 10:53 PM
25	Standard 5G: Should read: Instructor shall possess...	Dec 10, 2012 6:09 PM
26	An instructor cannot be cultural competent? No one is culturally competent in a culture. Instructor should understand different learning styles and different ways of student's experiences in regards to learning in the USA and in other countries. The program encourages professional development!	Dec 8, 2012 12:09 AM
27	management of cost, as related to remedial instruction. "experiential background" is a bit vague: experience as a graduate teaching assistant? ability to teach back skills? experience or credentials in adult education?	Dec 7, 2012 9:44 AM
28	Did not understand question 5G.	Dec 5, 2012 3:40 PM
29	The difficulty of providing language coaches in lesser diffused languages is enormous.	Dec 5, 2012 3:25 PM
30	Standard 5A: These shall not be based on in-house exams, nor on current positions, but on results of standardized exams of proficiency in language(s). Some folks do not speak English as well as they think they can, nor do they speak their target language as well as they believe they do, and yet are heading up "accredited" programs.	Dec 5, 2012 12:37 PM
31	I believe that a course can be taught by a person with language knowledge and years of experience in the field who is not an interpreter. Interpreters who have over 5 years of experience would be well qualified to be instructors based on their ability experience but do not have a national accreditation in their language. Additionally, standardized testing itself is a culturally competency issue. Not all persons coming from other countries are used to standardized tests	Dec 4, 2012 12:30 PM
32	Satndard 5 G: too vague, what is "appropriate" experiential background?	Dec 4, 2012 12:27 PM
33	A certified interpreter would be ideal, but the program requires an educator, a cultural competent professional and someone with experience in the field. It does not necessarily mean that the instructor should be a certified interpreter himself. A good program has a combination of both. Standard 5E: The program shall include nationally certified interpreters as instructors, where available: A program can still be accredited if there is a written expectation for new instructors to get nationally certified or pass one of the recognized national written exams within 6 months.	Dec 4, 2012 10:53 AM
34	it is important to understand that an interpreting program is NOT a language program and language specific-instruction is the student's responsibility. Proficiency in working languages is basic to start an intepreting program.	Dec 4, 2012 8:18 AM
35	Instructors should have a master or Ph degree in teaching and curriculum and instruction. The course needs to be taught by individuals who have a background in teaching.	Nov 27, 2012 11:04 AM

Page 3, Q13. If you have any comments on the standards above, please write them here.

36	Some of these are good ideas in theory, but in practice may prove to be onerous, burdensome to both the programs and instructors, and not necessarily helpful to the students	Nov 22, 2012 1:52 AM
37	5G is missing a verb. Also, it is not clear whether the experience referred to is teaching experience or interpreting experience (or perhaps some other experience).	Nov 21, 2012 7:13 PM
38	No comment	Nov 20, 2012 7:13 AM
39	Since National Certification is not offered in many languages, it should not be a requirement.	Nov 19, 2012 4:35 PM
40	There could be language specific resources from other institutions and or online courses in place to guide students in learning a particular language.	Nov 19, 2012 3:53 PM
41	5D seems to state that the director must also be an interpreter and an instructor. Some of the best administrators are not interpreters themselves, but know how to recognize and respect the input of their staff.	Nov 19, 2012 2:44 PM
42	A basic training doesn't need a subject matter expert since it will not go that much in-depth into the general medical topics tested. There are excellent interpreter trainers who are not nationally certified or are state certified so I don't quite agree that only a CMI or CHI should teach. Instructor should be culturally competent in the cultures he/she is to service but not others (a Spanish interpreter does not need to be competent in afro-american, asian or native american culture as he will not be servicing these cultures).	Nov 18, 2012 8:45 PM
43	Standard 51 needs to be clarified - it is it personal professional development or a plan in the program for trainees to receive professional development?	Nov 18, 2012 10:07 AM
44	Not sure what 5G means. Re: 5A:You want people who are more competent than just able to teach basic skills. 5E is one type of employee. You could also get people far more qualified and experienced as well.	Nov 17, 2012 3:13 AM
45	Instructors, SMEs and Language Coaches should have a MINIMUM of bachelor's degree and have documented training in adult learning and teaching. Instructors and administrator should disclose their credentials ie. PhD and not MD, and not refer to themselves by titles as Doctor, which can create a perception that they are medically qualified. The program should disclose possible conflicts of interest such as ownership of interpreting agency, or as employers of the students.	Nov 17, 2012 3:03 AM
46	The opportunity should be given to those interpreters that have been interpreting for a long time to be able to teach others.	Nov 16, 2012 5:07 PM
47	Standard 5I: CEU's should be a requirement for anyone in the profession.	Nov 16, 2012 11:04 AM
48	I think some of 5BCD have to do with the size of the program and with the associated costs of such a wide variety of personnel required to make the program accreditation worthy.	Nov 15, 2012 6:36 PM
49	for international applicants yes	Nov 15, 2012 4:54 PM

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50 In addition to the above, an accredited program should have medical advisors (MD) or a nursing advisor (RN) on staff. With respect to 5e: there should be one CMI on staff. Pending certification can potentially be problematic if the instructor does not receive the credential.

Oct 31, 2012 5:41 PM

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1	To achieve proficiency, we should strive to exceed the highest standards of the profession.	May 12, 2013 1:37 PM
2	I chose agree somewhat, the requirements are tough, but if it truly helps, then it's worth it. Unfortunately, I've known too many people who can "pass" exams that focus on rote memory, but when it comes to real life, you have to be adaptable and work with what is available	May 11, 2013 4:52 PM
3	6K has redundancy -- I suggest it be rewritten. 6": 30 hours is too much for a 40-hr course -- perhaps this should be written as a percentage, and I think it should be lower than 50%. There are many other aspects of interpreting that are more important (and harder to learn on one's own) than medical terminology. 6Q: 100 hours is great, but if the course is 40 this seems like a weird balance.	Apr 25, 2013 2:54 PM
4	The scope is too broad for the trainer. The interpreter should have the responsibility to acquire continued education and experience.	Apr 22, 2013 9:17 AM
5	The IMIA code of Ethics needs to be updated again--some of the points (while good) are really standards of practice, but not ethical points. "Where medical and interpreter ethics converge"-presentation seems to begin with the rules rather than the reasons for them--Enforcing rules means we are not professionals. Professionals have guidelines (example: standards of care) but they make decisions based on the individual situation. mindlessly following rules is not being professional. Beginning at 6G you switch to what seems to be a description of what the course should cover. --many of these topics should be included. some need additional thinking though. Some are entry level, others are advanced. Notetaking is nice but far less important than awareness of when your short-term memory is about to become full. Practicum is ideal, but logistically become impossible because of other rules that were also intended to promote the profession .	Apr 18, 2013 8:26 PM
6	20-hour minimum of Medical Terminology might lead to 60-hour minimum Program as a whole	Apr 17, 2013 10:18 AM
7	6Q: again 100 hrs (!) of practicum requirement would be very very challenging for many training org.; 25-30 hrs. Practicum would be much more reasonable.	Apr 16, 2013 7:47 PM
8	This is predicated on perhaps a faulty understanding of the standards listed. If the standards are requirements for the students before they graduate, I think it is generally appropriate. However, I believe the simultaneous mode of interpreting (Standard 6L) is an important skill, but one that is acquired over time. That it should be taught is not an issue; however, I do not think students will necessarily need to have mastered it. That ability comes with practice. The student will need to inform the supervisor where they practice of this, and avoid situations (i.e. emergency) where it would be an imperative skill. In terms of Standard 6Q, I neither agree nor disagree because I am uncertain of the data behind this. Is there research on the number of hours of supervision that is effective for optimal interpreter growth? If so, those are the number of hours that should be used. If not, we should definitely (in addition to setting a standard) research to find out how much supervision provides most effectively and efficiently for an interpreter who is prepared. I believe strongly in data driven practice. Standard 6S is an excellent standard, but perhaps not for interpreting students. That students understand where to get up to date information on their profession is important,	Apr 16, 2013 3:11 PM

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but they are likely not going to become researchers--they want to interpret. Thus, a basic understanding of the necessity for research and how to apply research results to practice is important. Their understanding of components and the analysis of studies would be an important ability for administrators and instructors.

9 i am confused as to how any interpreter training program can get all of this done in 40 hours. the course should be longer and maybe part of an associates degree from a community college with 100 hours course work and at least 100 hours practicum but a longer one might be better. Apr 16, 2013 10:28 AM

10 6G - I believe the biggest error NCIHC and now IMIA is proposing with their training standards is to enshrine these four interpreter roles into training standards and curriculums. That construct is an initial iteration of an understanding of the reasons why interpreters in medical settings need to intervene when they are not interpreting. The field already has much better models that simplify the teaching and strengthen the medical interpreter's ability to stick to interpreting and minimize interventions that take still into account the need for linguistic and cultural clarification as well as advocacy. Bancroft's The Community Interpreter's intervention/mediation model is a huge step forward in training technique in our field, to give the best example. Interpreters do not need to be trained to 4 roles- it's much too complicated and not a real construct in actual practice. The question interpreters need to be trained to in any setting is, either I am interpreting, or I am not, and when I am not, what are the parameters of conduct I am allowed in the setting I am in. In legal, it's much more restricted, in conference, it has to do with booth etiquette and communicating sound and visual issues, or making up for lag time in a speech, etc., in medical, the interventions allowed are all meant to promote a positive health outcome and direct communication between the patient and provider. So, please don't follow this construct blindly and encode it into this very important initiative. Please consider it for what it is, a good first start when the field was first trying to define medical interpreting, its purpose and the kinds of conduct permitted, which are dictated by the purpose of the communication. There are forward-looking and very competent trainers in our field taking training techniques one step further, based on 2 decades of knowledge from training. Please pay attention to them. 6K - the field needs to grapple with the issue of summarization and recognize that it is not simply something that untrained interpreters do. At any time an interpreter may end up in a situation where summarization is necessary, but most especially in emergency and mental health settings. Summarization is a hybrid activity that requires much of the same skill set as the traditional modes (i.e., active listening, memory, conversation, as well as turn-taking abilities), but also has a very subjective aspect to it because in the end the interpreter has to decide what to include in the summarization and how to communicate these choices to the parties. This is a teachable skill and should be included in every training - because it simply is something that is required at times (and this is VERY different than summarizing because of lack of skills - it is rather, an advanced skill). 6P- These standards seem to be in conflict - if there is a 40-hour minimum, then you can't require 20 hours of medical terminology because teaching all the rest of the material can barely be fit into 40 hours. So, if these standards are meant to be used to accredit, as opposed to the NCIHC standards, which chose not to make a definitive statement about the minimum number of hours. It seems like you have to decide here - if all this content is required, then 40 hours can't be the minimum - it's got to be at least 80 hours. Apr 15, 2013 2:02 AM

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11	I agree with Practicum, but 100 hours is far too much, given that the course is 40-50 hours long.	Apr 14, 2013 9:13 PM
12	Standard 6O is not clear enough. Standard 6Q Where the practice should be held in a volunteering clinic, community clinics, non-profit clinics? Whom should be contacting to these clinics? Please clarify this standards.	Apr 13, 2013 10:01 PM
13	6B: change "specializes in medial interpreter" to "medical interpreting" or "medical interpreter training". Change "have a minimum of 40 hours" to a stronger word for "have", such as "require" "consist of". You might want to add hours of what: hours "to cover the content of the curriculum" or something like that, to distinguish those lecture/theory/content hours from practicum hours. Remove comma after "community interpreter programs" so that the following clause starting with "that" acts as a restrictor, indicating that not all programs have that component (with the comma, it implies that all community interpreting programs have that component). 6D: Change "represent" to "represents". 6F: Repeat "by and of" students in the explanation, just as in the title. 6J: style and culture are not a "point of view". Perhaps you might say: "in regards to" style and culture, or "with respect to" style and culture, etc. 6P: This could be explained further: In English and in target language? Perhaps this standard would be only about English, and another standard would cover the target language. 6S: This is not essential at the initial level. With all there is to be covered, this should be left for a training of trainers, for further professional development. If taught, it should be specified that it is a mere survey, introduction. At an initial level, the main goals are ability to convert the message, to understand the source, to research terminology, and to develop a system to compile a working glossary, to keep improving.	Apr 13, 2013 5:57 PM
14	Program duration should increase their standard to at least 50-55 hours. Basic, really basic skills cannot be appropriately taught in 40 hours. This will bring lower quality interpreters and undermine other programs already using 60+ hours of instruction. Students will pick the easy and quick way to obtain a certificate of completion. Plus, simultaneous interpreting can only be mastered with intensive training and lots of experience. One more reason for my strong opinion that the 40 hour minimum needs to be raise. Regarding the 100 hours of supervision time may be a huge hurdle for some states/institutions where they don't have their own interpreters that are willing to supervise students. Interpreters are usually call as needed and hospitals are not willing to have interpreters to "shadow" other interpreters for a variety of reasons. In the case of having a mentor, it will also be very difficult to have 1 mentor for 100 interpreters that complete the course in a period of 1 year.	Apr 13, 2013 9:19 AM
15	6N: It is difficult to acquaint oneself with disparate institutions' policies and practices. A general "top level" knowledge of basic policies and practices should suffice unless one is permanently assigned to one facility.	Apr 12, 2013 9:49 PM
16	More time for the practicum should be required. Our program requires 144 actual clock hours to be completed for two practicums (=total of 288 practicum hours).	Mar 30, 2013 8:54 AM
17	I believe that 60 hours of instruction would cover material and pratice instead of only 40. The level of knowledge of participants should be at the same level in both languages:native and target.	Feb 9, 2013 4:29 PM

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18	AVLIC code of ethics should be included - - they would be a better choice than RID.	Jan 30, 2013 4:03 PM
19	Standard Q6- The practicum requirement is too high, in proportion to what they will earn after finishing the course. 40-60 is more reasonable.	Jan 24, 2013 1:42 PM
20	Requiring 100 hours is almost impossible. If the course is taught privately NO hospital will take them for FREE. The legal department in hospitals do NOT allow this. We have tried EVERY HOSPITAL in NYC. I think that the course can have role-plays where they get practice. But I have tried to give away 100 free hours of interpretation and they won't take it.	Jan 24, 2013 1:12 PM
21	Standard 6P: VERY VERY IMPORTANT or proven passing a course of such subject with an 90% or higher at an outside course.	Jan 23, 2013 10:17 PM
22	Forty hours of training is too little in order to adequately cover the areas listed in this survey, and 20 hours of medical terminology is not enough, particularly when it is only in English. Most healthcare professionals would be disappointed to learn that the education requirements for medical interpreters is so low, especially when some healthcare systems and individual healthcare providers are paying a pretty penny for interpreter services. 6R, Interpreting in difficult situations is a great topic but should only be included in courses exceed the 40 hour minimum. The healthcare industry component of the curriculum should be designed in conjunction with the healthcare advisor and perhaps those with a background in public health or healthcare administration.	Jan 23, 2013 9:28 PM
23	1. Although many programs are 40 hours, I feel that it is insufficient for HCI training when the student has no background in healthcare. I would suggest a minimum of 80 hours, while 40 hours is OK for dual-role interpreters who are already working in health care. 2. While the roles are the same, CHIA standards use slightly different terms to describe them. These, too should be acceptable, since California law dictates that HC interpreters be trained in CHIA standards. 3. It's not clear if training must include ALL of those standards, or one of them. If all must be taught, then I disagree, since they are so similar. 4. 100 hours of practicum is excessive. I would suggest 50. 100 puts too much obligation on hospitals and clinics to have to supervise so very many students over such a long period of time. It is already difficult to get internship placements, without making it go on forever and ever. Students have other jobs, and it is hard to free up their time between 9 and 5 (most frequent hours of outpatient services).	Jan 15, 2013 8:14 PM
24	Group 6 seems to be intertwining different sections. One example: Is 6T talking about students or instructors? Wouldn't 6T be covered in the "admissions" language proficiency components?	Jan 15, 2013 1:10 PM
25	#6B- 40 hours is too short of time to cover all competencies. #6 Q 100 practicum hours exceeds the 40 hour minimum proposed in # 6 B.	Jan 14, 2013 4:19 PM
26	6G This is FAR too disputed and controversial (and in the eyes of many) outdated and cumbersome view of interpreter roles to include, un-nuanced, in an international standard. Please revisit. 6H and I: I'm confused. Are these international standards? They seem very U.S.-centric, which is disturbing. Overall these standards are written (I do apologize for the harshness) in a	Jan 12, 2013 1:49 PM

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slipshod manner, slipping repeatedly from standards for organizations to, here, standards for content or (very confusing) perhaps standards for interpreters. By what process were these standards developed? Who wrote them? There is a concern here about transparency about process that reflects in the quality of the standards themselves. 6Q 100 hours? This is flatly unfeasible for many/most small non-academic training organizations. No one is getting rich off training. From a financial perspective, it's death. Is it your intention to make the requirements so stringent that no one can afford to teach outside universities and colleges? You are promoting high standards and that is WONDERFUL. But be careful not to kill what you love.

27	Practicums have not shown to improve performance or decrease number of errors.	Jan 10, 2013 6:16 PM
28	6Q. When talking about 100 hours of practice, you say to the student, but when, since the course is a 40-hour course. Or are the 100 hours relating to the instructor; this is confusing. It is becoming confusing as to if you are now talking about the instructors, or what they are to teach to the students.	Jan 7, 2013 3:25 PM
29	Some I agree in general, but don't agree with some of the details, so, hard to score.	Jan 7, 2013 8:33 AM
30	Standard 6G - I hate to see these 4 roles codified into our profession. I think we should be moving away from this construct and towards a simpler one that is either you are interpreting, or you are intervening to clarify for a given purpose, whether linguistic or cultural. These 4 roles complicate teaching and learning. Resources such as The Community Interpreter by Marjory Bancroft have shown the field how to move past the 4 roles while still maintaining the nuance of how to address communication barriers for linguistic, register or cultural reasons. Standard 6B: 40 hours is much too short to even be considered a beginning orientation - especially with all the components that need to be required. If you add in terminology teaching, then it's worse. Sign language interpreters receive 100s of hours of training. We need to up this number if our training programs have even a slight chance of covering all the topic areas and producing entry-level interpreters. Standard 6H: The CHIA standards should be included as well for ethics, not just standards of practice. CHIA and IMIA support the NCIHC standards in distinct and important ways that training programs need to be aware of and take advantage of.	Jan 5, 2013 1:05 AM
31	I don't think that medical interpretation is necessarily a subspecialization. One person can be excellent in one field and no good as court or legal interpretation.	Dec 18, 2012 1:29 AM
32	6Q: 30 - 50 hours could be sufficient.	Dec 10, 2012 6:09 PM
33	I am concerned how medical terminology is being taught by the IMIA through the boot camps! It should be taught in a way that stays and makes sense and it creates critical thinking instead of memorization only!	Dec 8, 2012 12:09 AM
34	As I had no opportunity to experience an interpreting practicum, or research methodology course on interpreting research, and have only encountered difficult situations on the job, I have mixed feelings about the requirement. "difficult situations" are very subjective, depending on what pushes an individual's buttons. A college degree (Bachelor's or higher) exposes a student	Dec 7, 2012 9:44 AM

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to lots of research methodology, so clarification is needed.

35	If you are going to require a 100 hour practicum, then the educational component needs to be more than 40 hours. The number of hours in the classroom should meet or exceed the number of practicum hours.	Dec 5, 2012 3:25 PM
36	The RID standards do not need to be applied to the non-deaf Interpreters.	Dec 4, 2012 12:44 PM
37	6B: The 40 hour minimum should be raised, there is no way for the student to accomplish the rest of the standards in 40 hours, there should be modules, each assigned a sufficient and adequate number of hours to achieve a level of proficiency. Standards 6N to 6P could be tested out of by health professionals.	Dec 4, 2012 12:27 PM
38	These goals can be easily incorporated to organizations offering 2 to year instruction, what about training organizations offering short courses (two-day workshops) on remedial instruction, introductory or continuing education courses?	Dec 4, 2012 8:18 AM
39	We need to move away from the 40 hour requirement. It is not possible to effectively educate future medical interpreters in only 40 hours. The gold standard should be a coordinated program (didactic and experiential) of a minimum of 9 months.	Dec 4, 2012 3:49 AM
40	A 100-hour Practicum seems unrealistic to me. It could be shortened and still being beneficial to the students. It is difficult to find an institution(s) that would like to accept a student for such a long practicum. I have experienced this in my community.	Nov 27, 2012 11:04 AM
41	Practicum is necessary, but a mandatory 100 hours may not be realistic. 40-60 hours would be more feasible.	Nov 22, 2012 1:52 AM
42	6A is not clear. 40 hours is a ridiculously low amount of time, especially if a program is going to effectively meet the content standards. Research? Are we talking about a graduate program here? And how would this fit into 40 hours?	Nov 21, 2012 7:13 PM
43	I think Interpreting programs should be a lot longer than 40 hours! For example, you could have several classes just on terminology and get 40 hours.	Nov 20, 2012 4:10 PM
44	No comment	Nov 20, 2012 7:13 AM
45	20 hours are not enough for medical terminology for interpreters preparing to work in medical setting	Nov 19, 2012 4:35 PM
46	It would be of benefit to establish a mentoring system for students or a course where they could participate in real life situations as observers and/or shadow experienced interpreters (even if their language is a different one, but the same language would be preferred). In addition it would be of advantage to students to familiarize them with the current forms used in hospital settings and point out translated resources. Sight translation might not be allowed by all agencies so a student should know how to react when he is asked to perform services not allowed by agency contracts with the medical institution/client. Also simultaneous interpretation is not commonly used in medical settings, there should be opportunities for students to learn simultaneous interpreting in a course outside	Nov 19, 2012 3:53 PM

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the normal curriculum. Training in behaviors to express themselves to state what interpreters can and can not do might be trained in the courses e.g. situation where multiple languages are spoken (and the interpreter does not understand all, situations where multiple family members and/or doctors/medical personal are present in a treatment and everyone comments partially at the same time; situations where bilingual professional speaking the languages the interpreter was supposed to interpret are ordered to conduct the treatment and the interpreter becomes obsolete for the patient but can still interpret for other family members/medical personal).

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| 47 | 6P-Too much time and this stifles innovation--we're able to get better results from fewer hours using our teaching techniques. 6Q--100 hours isn't necessary at this time and creates a significant barrier to people seeking certification. Start with 20 hours and increase the requirement as time passes. What does 6S mean? | Nov 19, 2012 2:44 PM |
| 48 | Having tried both simultaneous and consecutive I dont' think simultaneous is realistic in the medical setting. I don't think note-taking should be a requirement. Some people have amazing memories, note taking can distract and doesn't teach the parties the need to cooperate with the interpreter in the communication flow of an interaction. | Nov 18, 2012 10:11 PM |
| 49 | I don't see research as a part of basic interpreter training as research is not necessarily a part of a doctor's medical school curriculum. A practicum. although of high practical value, is something I see as complicated to be a requirement as it is difficult to implement. | Nov 18, 2012 8:45 PM |
| 50 | 6B 7 6Q: 40 hrs are too few. Need at least 40 class contact hrs as well as 32+ hrs of closely supervised classroom practice. Reduce supervised practicum hrs to avoid naive practice on actual patients to 70 hrs. Increase closelysupervised classroom performance - role plays videorecorded and scrutinized with feedback and self-evaluation criteria. Role of advocate is nation specific. It is not an international standard as some countries have people whose role is to be advocates and it is unethical for their interpreters to be advocates. 6D needs to be clearer - makeit more specific - whhat it should be rather than what it shouldn't be. 6S would require more than 40 hrs in a program. | Nov 17, 2012 3:13 AM |
| 51 | What are these? Do they affect skills and competencies of interpreters? ASTM Standards 5.ISO Standards (when published). What is frequent.Standard 6F: Assessment by and of Students: Frequent documented evaluation by students. Standard should be consecutive interpreting as simultaneous is not always conducive to patient understanding. Not sure what this means: Essential components of terminology glossary compilation. 3) Typology of terminological tools. 40 hours is not enough to cover all of the topics. 20 hours is not sufficient to cover all of the topics listed except for a cursory discussion of very basic concepts. Standard 6S: Interpreting Research: students at this basic level, with barely literate expectations of medical terminology are simply not going to be able to handle interpreting research, and 40 hour program needs to focus on teaching the bare minimum skills and competencies. There is no Standard for teaching medical terminology in BOTH languages which is critical in interpreting accurately. "and transfer a message from a source language into a target language appropriately from the point of view of style and culture," what I see is most important is the accuracy in converting the medical terms into the precise | Nov 17, 2012 3:03 AM |

Page 3, Q15. If you have any comments on the standards above, please write them here.

equivalent term in the other language. When the provider says atrial fibrillation, it should not be interpreted as arterial fibrillation or palpitation in the other language. How are providers going to be assured that the interpreter is interpreting accurately, if they are not tested for their medical terminology knowledge in both languages? Even somebody with a PhD needs to learn accurate medical terminology in both languages, unless they also have a medical degree, in that case, they also need to be tested on their medical terminology knowledge in both languages. Practicum MUST have specific learning objectives and supervised by medical professionals who speak the same language pair. Otherwise, the students and the organizations are putting patient's safety at risk. Standard 6T: Communication Skills: Ability to perform active listening and to express oneself correctly, fluently, clearly, and with poise in both working languages. How about with "precision and accuracy"?

52	To also have the ability to decline any appointments no matter what their employment status is! if you are staff or agency interpreter.	Nov 16, 2012 5:07 PM
53	Standard 6Q: If the program itself is targeted for a minimum of 40 hours it seems unreasonable to more than double the practicum hours. Furthermore, I think those who will be seeking accreditation will come to the program with at least some previous real world interpreting experience.	Nov 16, 2012 11:04 AM
54	Practicum should be less than 100 hours, possibly make it half.	Nov 15, 2012 7:20 PM
55	The minimum requisite of 40 hours should increase. My program had 120 hours and the anatomy requires more time. I strongly agreed with the 100 supervised and organized internship.	Nov 15, 2012 7:04 PM
56	6S seems more like a graduate program req. 6R Imp. but time/length of program would determine inclusion. 6Q100 hrs. seems excessive 6B 40 hrs. seems too little	Nov 15, 2012 6:36 PM
57	If I agree with all the standards above, which I obviously strongly agree, 40 hours may only cover 50% of the material. There is absolutely not enough time in 40 hours to even go over the most basic things. Regarding the practicum 100 hours, not all hospitals hire their own interpreters and have the ability to provide on-site practicums. Lots of hospitals don't allow due to HIPAA regulations. I have only had any luck with teaching hospitals which there is only one in the state I am.	Nov 15, 2012 3:58 PM
58	According to Flores et al 2012 , published in the Annals of Emergency Medicine, experience is not enough and medical interpreters with over 100 hours of training appeared to have a lower median number of errors than those with less or no training. One hundred hours should be minimum, with at least 60% medical terminology (national board written exam contains slightly more than 60 % medical terminology) should be required. Also, we must consider that the average community college medical terminology course meets for 3 hours per week for 16-17 weeks. That is over 60 hours of instruction in English that most allied healthcare professionals have. Why should medical interpreters have less than that, especially when they should be knowing it in both working languages? The medical community is moving away from abbreviations Asa's they cause confusion. There are even some terms that have the same abbreviation but are very different. Interpreters should be clarifying abbreviations regularly, and non healthcare professionals (ie nurses and doctors) should not be teaching this	Oct 31, 2012 5:41 PM

Page 3, Q15. If you have any comments on the standards above, please write them here.

topic. In this case, only nurses and doctors should be teaching this subject as they are required to document everything they do with a patient and know what the abbreviations really stand for. The problem with the practicum is supervision. In healthcare, individuals are not allowed to do anything involving direct patient contact without supervision until they are licensed to do so. Also, supervising interpreters-in-training would mean that the practicum advisor is attending every encounter with the student and intervenes to render the correct interpretation whenever necessary. Practicum advisors, therefore, must speak the students language pair. Also, students participating in a practicum must clearly identify themselves as an interpreting student to all parties involved in the encounter.

59 practicum are not prevalent in most training programs.

Oct 26, 2012 2:50 PM

Page 3, Q17. If you have any comments on the standards above, please write them here.

1	Some terms such as a " Effective presentation methods are a little bit vague, there is a need to define what is an acceptable or effective method.	May 6, 2013 12:10 PM
2	Standard 7H is repeated	Apr 22, 2013 9:17 AM
3	Many of these are good to do if properly used.	Apr 18, 2013 8:26 PM
4	7H mentioned twice	Apr 17, 2013 10:18 AM
5	Very good and on point standards! Please delete the duplicate ratings at # 16! (a typo most likely)	Apr 16, 2013 7:47 PM
6	Why is 7H listed twice?	Apr 16, 2013 4:54 PM
7	Commitment to independent learning and ability to seek out and find sources for continuing education is essential.	Apr 16, 2013 10:28 AM
8	There's a problem in programming, where each column is duplicated. I chose to use the first of each set of options, column wise and row wise. Standard 7H is repeated.	Apr 13, 2013 5:57 PM
9	7H repeated	Apr 13, 2013 3:37 PM
10	Standard 7H is stated twice!	Feb 9, 2013 4:29 PM
11	What is meant by the term "case study"?	Jan 23, 2013 9:28 PM
12	I feel that spoken language interpreters need to shadow each other more and learn to work together, share, and give and accept constructive feedback. The tendency to remain autonomous seems to be very strong.	Jan 16, 2013 2:20 PM
13	There are duplicate "Descriptors" for the rating scale in this section. Will this make the results difficult to analyze? I'm skipping it.	Jan 15, 2013 1:10 PM
14	These standards are straightforward and clear.	Jan 12, 2013 1:49 PM
15	Last one is a repeat of the prior one. Was a new standard actually left out?	Jan 7, 2013 3:25 PM
16	Especially given the too short time frame for most programs, teaching reflective practice techniques is essential.	Jan 5, 2013 1:05 AM
17	7H is repeated.	Dec 10, 2012 6:09 PM
18	Research has shown that learning styles have very little to do with educational outcomes. While it is important the instructor teach clearly, and have adequate methods of evaluation in place, outcomes are up to the student and the effort applied. Furthermore, overuse of individual or group skill-building exercises can be exhaustive for all involved.	Dec 7, 2012 9:44 AM
19	The answer choices are repetitive, as well as Standard 7H.	Dec 4, 2012 12:44 PM
20	7H repeats, as do the columns. Did you mean to give a wider range?	Dec 4, 2012 12:27 PM
21	This standard is repeated. Standard 7H: Self-Evaluation: Self-evaluation is	Dec 4, 2012 10:53 AM

Page 3, Q17. If you have any comments on the standards above, please write them here.

	encouraged throughout the program.	
22	I don't understand the need for redundancy in the responses.	Nov 26, 2012 1:07 PM
23	Unclear about self evaluation-how?	Nov 25, 2012 2:51 PM
24	Proof read more carefully.	Nov 20, 2012 7:13 AM
25	Evaluation by others seems to be more useful than self-evaluation.	Nov 19, 2012 3:53 PM
26	The accreditation should focus more on the results of a program rather than legislating actual techniques.	Nov 19, 2012 2:44 PM
27	Additional individual work (homework) is something that I value however I am unsure that adults who may already hold an 8 hour job (as is the case of many interpreting students) will comply with or really benefit by doing homework (they may just be too tired)	Nov 18, 2012 8:45 PM
28	7H is repeated	Nov 18, 2012 10:07 AM
29	What skills in use of computers and other electronic equipt are required?	Nov 17, 2012 3:13 AM
30	Curriculum developers should design learning activities that align with the course objectives. We cannot proscribe what method is going to be used. Some of these methods may or may not be appropriate depending on the learning objectives. Group work is not always feasible in online programs.	Nov 17, 2012 3:03 AM
31	There is a lot of confusion with case studies. In the medical field, a case study is a presentation of a patient with the corresponding lab work, studies, etc. The term here should be clinical scenarios as it is that which interpreting students are using to practice and learn interpreting skills. IMIA should define what is meant by words like case study and make that public knowledge to avoid confusion as the healthcare community has a very different meaning of the term. Self evaluation and research are vital for the student as they will certainly be doing a lot of both throughout their careers due to the individual nature of the job and the fact that medicine is constantly evolving. Both are important components of training,	Oct 31, 2012 5:41 PM

Page 3, Q19. If you have any comments on the standards above, please write them here.

1	Measuring performance contributes to progress assessment.	May 12, 2013 1:37 PM
2	The scope is too broad	Apr 22, 2013 9:17 AM
3	8D: Great ideas, but not easy to implement! It would require extra expenses (i.e.hiring database specialists), and MIT graduates represent a population segment that is moving at a fast pace, making difficult the process of reaching them and obtaining completed surveys from them.	Apr 16, 2013 7:47 PM
4	8F- This standard needs more clarification	Apr 13, 2013 10:01 PM
5	Change "get" to "be" or "become." "Get accredited" sounds too informal or slangish, not appropriate for this type of survey.. First questions: Reviewing the effectiveness of what? Change "the" to "its" or add further explanation, such as "the effectiveness of its courses/instructors", etc. Change "skills level" to "skill level" (overall, use nouns in the singular when used as adjectives). 8C: Evaluation of Practicum. Add "Performance" so it reads: "Evaluation of Student's Practicum Performance" so it is not confused with assessing the effectiveness of the actual practicum. 8D5: change "Admissions Policies" to "Admission Policies" (again, nouns in the singular when used as adjectives). 8D7: Delete "shall be in place" after "Advisory Council."	Apr 13, 2013 5:57 PM
6	I believe that the content is excellent but idealistic. I wonder how many small agencies in medium size cities are going to follow all of the requirements, who is going to monitor?	Feb 9, 2013 4:29 PM
7	I don't agree that successful completion of the program has to rely on exams. This could be achieved through a demonstration of competencies through course work.	Jan 30, 2013 4:03 PM
8	I think this is overbuilt and someone has created a job for them self and putting the LEP populations at risk.	Jan 25, 2013 12:50 PM
9	A final assessment should be mandatory in order to obtain a certificate in medical interpreting in order to validate the student's achievement. IMIA should have a prescribed curriculum for accredited programs as a means of standardization of medical interpreter training.	Jan 23, 2013 9:28 PM
10	too long	Jan 16, 2013 2:20 PM
11	1. It is awkward for the practicum supervisor to share a negative evaluation with the student. It is preferable for the program instructor to provide that evaluation, based on the input from the practicum supervisor. 2. the quality measures mentioned would require an expensive expenditure for an evaluator to gather all of that data. Much of it is not easy to do. For example, graduates may not respond to survey requests. Certification orgs, may not release the data of who does or does not pass their exams. Or may not make this info easily available to training organizations. This sounds too labor intensive... data gathering and entering, analysis etc.	Jan 15, 2013 8:14 PM
12	8B Again, cost is a HUGE issue. We simply can't afford to administer meaningful oral exams. It isn't even possible. Every year is a financial challenge. For universities this is quite feasible. 8C 8D Again, the practicum requirement along	Jan 12, 2013 1:49 PM

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	some others will take us to bankruptcy. And MANY other programs. This is just too much to be do-able.	
13	Data on number and type of errors (albeit not easy to track), should be included as a quality measure, at least sporadically.	Jan 10, 2013 6:16 PM
14	I think the organizations must have as requirement the knowledge of anatomy and physiology before a person starts the medical interpreting training. I have to interpret patients' complaints about interpreters from some agencies not interpreting everything the doctor have said because they don't know anatomy or physiology.	Dec 16, 2012 10:53 PM
15	8D should be more than 2 of those requirements.	Dec 10, 2012 6:09 PM
16	Why a final exam as well as National Certification?	Dec 7, 2012 9:44 AM
17	I wonder if you know of any agency that would live up to these standards...!	Dec 5, 2012 9:31 PM
18	8A: "a continuing system" is not descriptive of one that is valid or reliable. What if it is to continually say that everything is perfect? Need to describe the measurements that will be taken to determine the effectiveness of the program, and how needs assessment will be done.	Dec 5, 2012 12:37 PM
19	In my experience after taking a Community Interpreter's Course, there was no evaluation of my practicum hours. I expected this to be a primary component of the course.	Nov 26, 2012 1:07 PM
20	Isn't all of this a no brainer? Of course all of these things should happen if someone wants to train medical interpreters. The problem is getting all this done in a timely manner for the lesser used languages so those interpreters do not have to wait forever to become certified.	Nov 24, 2012 4:08 PM
21	You need to review your question for #18. My responses are based on what I assume was meant, not on what is written.	Nov 21, 2012 7:13 PM
22	No comment	Nov 20, 2012 7:13 AM
23	All of these are very important and depict an ideal program with staff and large institutional budget. I think that has to somehow be described as the parameters of the accreditation. The smaller programs offered by local associations and hospitals need to have some kind of accreditation as well. I hope you all are working on that.	Nov 18, 2012 10:07 AM
24	8D, 8E, 8F. There are other effective ways of evaluating courses. A final written exam may not be the best way of assessing. It could be - or it might be better half way through program. A set of final orals is appropriate.	Nov 17, 2012 3:13 AM
25	Standard 8B: Final Assessment of Students: IMIA needs to establish what is the passing grade. Achievement of 70% in the Final Exam? 90? Surveys after graduation have very poor response rates. Does NBCMI ask where student obtained their training? There should be a process to track the high performing programs, programs that consistently graduate students who pass national certification. 8F: Final Student Evaluation of Program: How can someone with no	Nov 17, 2012 3:03 AM

Page 3, Q19. If you have any comments on the standards above, please write them here.

prior knowledge of medical concepts and interpreting principles be able to judge the program content and instructor's skills and methods? What would be a better evaluation is to ask if the program delivered the skills and competencies that they aimed to deliver. Did the student achieve the learning objectives? If they did, then the content, methods and skills were effective. But asking students to evaluate the content, etc, when they don't possess the qualifications to make those judgments does not seem appropriate. . 4. Internal and external curriculum validation. What does this mean? Standard 8D: Quality Measures: not sure how all of these reflect "quality."

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|----|---|----------------------|
| 26 | This survey is too long and too many ideas! | Nov 16, 2012 5:07 PM |
| 27 | Advisory council members should neither hae training programs or own interpreting companies due to conflict of interest. Again, the backgrounds and affiliations of the advisory council should be disclosed. | Oct 31, 2012 5:41 PM |