

1. What is your primary role?

		Response Percent	Response Count
interpreter		63.6%	89
trainer		24.3%	34
interpreter service provider (ISP)		9.3%	13
Other		2.9%	4
answered question			140
skipped question			5

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	Response Count
Standard 1A: Proficiency in English	90.4% (122)	5.9% (8)	1.5% (2)	0.0% (0)	2.2% (3)	135
• Professional experience over 5 years	41.0% (59)	23.6% (34)	11.8% (17)	13.9% (20)	9.7% (14)	144
• Bachelor, Masters, PhD, or any other degree from any US institution of higher education.	40.7% (59)	20.7% (30)	13.8% (20)	12.4% (18)	12.4% (18)	145
• 24 university credits in a college in an English speaking country	27.0% (38)	24.8% (35)	19.1% (27)	15.6% (22)	13.5% (19)	141
• One of the following tests (subject to change)	42.7% (38)	18.0% (16)	23.6% (21)	9.0% (8)	6.7% (6)	89
TOEFL (Test of English as a Foreign Language): 570+ on paper; 230+ on computer version; 90+ on iBT	45.7% (59)	24.8% (32)	17.8% (23)	3.1% (4)	8.5% (11)	129
ELPT (English Language Proficiency Test): 950+	34.1% (43)	25.4% (32)	27.0% (34)	4.0% (5)	9.5% (12)	126
MELAB (Michigan English Language Assessment Battery) 80+	23.1% (28)	18.2% (22)	38.0% (46)	8.3% (10)	12.4% (15)	121
ECPE (Examination for the Certificate of Proficiency in English): PASS	26.8% (33)	17.1% (21)	39.8% (49)	5.7% (7)	10.6% (13)	123
FCE (First Certificate in English, Level 3): A	25.6% (31)	17.4% (21)	38.0% (46)	6.6% (8)	12.4% (15)	121
CAE (Certificate in Advanced English, Level 4): B	26.8% (33)	17.9% (22)	38.2% (47)	7.3% (9)	9.8% (12)	123
CPE (Certificate of Proficiency in English, Level 5): B	25.6% (31)	19.8% (24)	38.8% (47)	5.8% (7)	9.9% (12)	121
IELTS (International English Language Testing System) 7.0+	28.5% (35)	21.1% (26)	35.8% (44)	4.9% (6)	9.8% (12)	123

Other (please specify) 14

answered question 145

skipped question 0

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

**Response
Count**

42

answered question 42

skipped question 103

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	Response Count
Standard 1B: Proficiency in other language*	80.2% (105)	9.9% (13)	6.1% (8)	1.5% (2)	2.3% (3)	131
• Professional experience over 5 years and written samples of work	42.3% (60)	28.2% (40)	10.6% (15)	10.6% (15)	8.5% (12)	142
• Bachelor, Masters, PhD, or other degree from an institution of higher education where L2 is spoken	41.8% (59)	22.7% (32)	13.5% (19)	9.9% (14)	12.1% (17)	141
• 24 university credits in a college in an L2 speaking country	29.0% (40)	26.1% (36)	20.3% (28)	10.1% (14)	14.5% (20)	138
• ACTFL Oral Exams (American Council on the Teaching of Foreign Languages): 3.5 + /Advanced Mid Level (see www.actfl.org)	41.4% (55)	16.5% (22)	24.1% (32)	5.3% (7)	12.8% (17)	133
Standard 1C: Minimum education required: High School or GED diploma	53.7% (72)	15.7% (21)	7.5% (10)	8.2% (11)	14.9% (20)	134
Standard 1D: Minimum age required: The minimum required shall be 18 years of age	63.7% (86)	9.6% (13)	8.9% (12)	5.9% (8)	11.9% (16)	135
Standard 1E: Program will publicize criteria required to be eligible for national certification	63.0% (85)	18.5% (25)	12.6% (17)	1.5% (2)	4.4% (6)	135
answered question						145
skipped question						0

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

	Response Count
	37
answered question	37
skipped question	108

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	Response 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.	79.1% (110)	12.9% (18)	6.5% (9)	0.0% (0)	1.4% (2)	139
Standard 2B: The training institution shall demonstrate a commitment to student access of information about the program.	81.8% (112)	13.1% (18)	4.4% (6)	0.0% (0)	0.7% (1)	137
Standard 2C: Administrative Staff: The training institution shall demonstrate resources are in place to manage student administrative needs outside the classroom.	64.7% (88)	20.6% (28)	11.8% (16)	1.5% (2)	1.5% (2)	136
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).	58.0% (80)	22.5% (31)	10.9% (15)	3.6% (5)	5.1% (7)	138
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.	62.8% (86)	21.9% (30)	8.8% (12)	2.9% (4)	3.6% (5)	137
Standard 2F: Program will have Process to Advise Student: Programs will advise students on who to go to for issues related to the program.	64.7% (88)	24.3% (33)	8.8% (12)	1.5% (2)	0.7% (1)	136
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.	60.3% (82)	25.0% (34)	10.3% (14)	2.2% (3)	2.2% (3)	136
Standard 2H: Instructors/Student Ratio: The instructors/student ratio shall permit the achievement of the purpose and stated objectives of the program.	66.2% (90)	21.3% (29)	11.0% (15)	0.0% (0)	1.5% (2)	136
answered question						140
skipped question						5

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

Response Count						
22						
answered question						22
skipped question						123

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	Response 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.	73.0% (103)	19.1% (27)	5.7% (8)	1.4% (2)	0.7% (1)	141
Standard 3B: State and Federal Laws for Facilities: Training facilities have to be in compliance with OSHA regulations concerning accessibility, health, and safety.	71.7% (99)	15.2% (21)	9.4% (13)	1.4% (2)	2.2% (3)	138
Standard 3C: Additional Space (On site programs): Appropriate space shall be provided for the private advising of students.	51.1% (71)	30.2% (42)	13.7% (19)	3.6% (5)	1.4% (2)	139
Standard 3D: Supplies, and Equipment: Ready access to an adequate supply of material for the successful completion of the program.	71.2% (99)	21.6% (30)	5.0% (7)	0.7% (1)	1.4% (2)	139
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.	76.4% (107)	15.7% (22)	5.7% (8)	1.4% (2)	0.7% (1)	140
answered question						141
skipped question						4

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

	Response Count
	20
answered question	20
skipped question	125

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	Response Count
Standard 4A: Operational Policies: Fair Practices: Program description, publications, announcements, and advertising shall accurately reflect the program offered.	87.0% (120)	8.7% (12)	2.9% (4)	0.7% (1)	0.7% (1)	138
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.	86.2% (119)	9.4% (13)	2.9% (4)	0.7% (1)	0.7% (1)	138
Standard 4C: Graduation Requirements Notice: Graduation requirements, tuition, and fee shall be published and made known to all applicants.	88.5% (123)	5.8% (8)	2.9% (4)	0.7% (1)	2.2% (3)	139
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.	84.1% (116)	9.4% (13)	5.1% (7)	0.7% (1)	0.7% (1)	138
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.	77.4% (106)	13.9% (19)	8.0% (11)	0.0% (0)	0.7% (1)	137
Standard 4F: Confidentiality of Student Information: Provision shall be made for the confidentiality of consumers, students, and instructors associated with educational activities.	85.6% (119)	8.6% (12)	5.0% (7)	0.0% (0)	0.7% (1)	139
Standard 4G: Notice of Learning Objectives: A program shall publicize its learning objectives.	82.6% (114)	13.0% (18)	3.6% (5)	0.0% (0)	0.7% (1)	138
Standard 4H: Notice of Admissions Policies and Procedures: Admission of students shall be made in accordance with clearly defined and published policies.	83.8% (114)	10.3% (14)	4.4% (6)	0.7% (1)	0.7% (1)	136
Standard 4I: Notice of Admission Requirements: Notice of requirements for previous education and measurable fluency levels for working languages shall be provided.	84.6% (115)	8.8% (12)	5.1% (7)	0.0% (0)	1.5% (2)	136
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.	85.3% (116)	5.9% (8)	4.4% (6)	2.9% (4)	1.5% (2)	136
Standard 4K: Student Records: Satisfactory records shall be maintained regarding student admission, enrollment, and achievement. Records shall be maintained for three years.	77.0% (104)	13.3% (18)	5.9% (8)	3.0% (4)	0.7% (1)	135
answered question						140
skipped question						5

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

	Response Count
	18
answered question	18
skipped question	127

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	Response Count
Standard 5A: Program Interpreter Instructors: The program shall employ interpreter instructors who possess the necessary qualifications to teach basic interpreting skills coursework.	85.9% (116)	9.6% (13)	2.2% (3)	1.5% (2)	0.7% (1)	135
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% (107)	13.2% (18)	4.4% (6)	2.2% (3)	1.5% (2)	136
Standard 5C: Language Coaches: The program shall employ qualified language coaches for language-specific instruction (if applicable).	69.9% (95)	18.4% (25)	8.1% (11)	1.5% (2)	2.2% (3)	136
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.	73.5% (100)	14.0% (19)	7.4% (10)	2.9% (4)	2.2% (3)	136
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.	62.2% (84)	18.5% (25)	7.4% (10)	3.7% (5)	8.1% (11)	135
Standard 5F: Instructor Teaching Methods: The instructors shall demonstrate effectiveness in teaching their assigned knowledge and skills.	85.2% (115)	11.1% (15)	3.0% (4)	0.0% (0)	0.7% (1)	135
Standard 5G: Instructor Experience: The instructors shall experiential background appropriate to meet program objectives.	80.0% (108)	11.9% (16)	6.7% (9)	0.0% (0)	1.5% (2)	135
Standard 5H: Instructor Cultural Competency: The instructors shall be culturally competent and have exposure to diverse populations.	81.5% (110)	11.9% (16)	3.7% (5)	1.5% (2)	1.5% (2)	135
Standard 5I: Continuing Professional Development Plans: Each instructor shall have a written plan for continuing professional development.	64.0% (87)	20.6% (28)	8.1% (11)	2.9% (4)	4.4% (6)	136
answered question						138
skipped question						7

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

	Response Count
	29
answered question	
	29
skipped question	
	116

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	Response Count
Standard 6A: The curriculum design shall provide the basis for instruction: Program curriculum design includes all learning components.	78.8% (108)	15.3% (21)	5.1% (7)	0.0% (0)	0.7% (1)	137
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.	72.8% (99)	14.7% (20)	2.9% (4)	4.4% (6)	5.1% (7)	136
Standard 6C: Medical Interpreting as Specialization: Establishes the view of medical interpreting as a specialization of translation/interpreting.	79.4% (108)	11.0% (15)	7.4% (10)	1.5% (2)	0.7% (1)	136
Standard 6D: Cultural Competence: Represent cultural competence that is not limited to simple recognition and identification or descriptions of diverse cultures and groups.	71.3% (97)	19.1% (26)	7.4% (10)	0.7% (1)	1.5% (2)	136
Standard 6E: Course Syllabi: Will include clearly written course syllabi that describe learning objectives, and competencies to be mastered.	82.4% (112)	13.2% (18)	2.2% (3)	1.5% (2)	0.7% (1)	136
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.	77.9% (106)	14.7% (20)	5.1% (7)	1.5% (2)	0.7% (1)	136
Standard 6G: Interpreter Roles: 1.						

Conduit 2. Clarifier 3. Cultural Interface/Clarifier 4. Advocate	79.3% (107)	10.4% (14)	5.9% (8)	3.0% (4)	1.5% (2)	135
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	84.6% (115)	8.8% (12)	3.7% (5)	1.5% (2)	1.5% (2)	136
Standard 6I: Interpreter Standards of Practice: 1. IMIA Standards 2. NCIHC Standards 3. CHIA Standards 4. ASTM Standards 5.ISO Standards (when published)	77.8% (105)	14.8% (20)	5.2% (7)	0.7% (1)	1.5% (2)	135
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.	84.4% (114)	10.4% (14)	3.7% (5)	0.7% (1)	0.7% (1)	135
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.	82.8% (111)	10.4% (14)	4.5% (6)	1.5% (2)	0.7% (1)	134
Standard 6L: Simultaneous Interpretation: 1) Ability to interpret simultaneously in the medical context.	60.2% (80)	21.8% (29)	9.0% (12)	6.8% (9)	2.3% (3)	133
Standard 6M: Note taking: Ability to accomplish note-taking within medical encounters.	59.7% (80)	26.9% (36)	10.4% (14)	2.2% (3)	0.7% (1)	134
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>	76.3% (103)	16.3% (22)	6.7% (9)	0.0% (0)	0.7% (1)	135
<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>	77.8% (105)	14.1% (19)	5.9% (8)	0.7% (1)	1.5% (2)	135
<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>	79.7% (106)	10.5% (14)	3.0% (4)	3.0% (4)	3.8% (5)	133
<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>	51.9% (70)	20.0% (27)	9.6% (13)	9.6% (13)	8.9% (12)	135
<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>	81.5% (110)	12.6% (17)	5.2% (7)	0.0% (0)	0.7% (1)	135

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.	54.5% (73)	22.4% (30)	14.2% (19)	2.2% (3)	6.7% (9)	134
Standard 6T: Communication Skills: Ability to perform active listening and to express oneself correctly, fluently, clearly, and with poise in both working languages.	87.2% (116)	9.8% (13)	2.3% (3)	0.0% (0)	0.8% (1)	133
				answered question		137
				skipped question		8

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

	Response Count
	29
answered question	29
skipped question	116

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.	56.3% (76)	17.8% (24)	17.0% (23)	3.7% (5)	3.0% (4)	0.7% (1)	1.5% (2)	0.0%
Standard 7B: Presentation Methods: Effective presentation methods are utilized for content development and mastery.	60.4% (81)	23.1% (31)	9.7% (13)	3.0% (4)	3.0% (4)	0.7% (1)	0.0% (0)	0.0%
Standard 7C: Case Studies: Case studies are utilized as an instructional method.	61.2% (82)	17.9% (24)	10.4% (14)	3.7% (5)	4.5% (6)	0.7% (1)	0.7% (1)	0.0%
Standard 7D: Individual Skills-Building Exercises: Individual skills building exercises are utilized for skills development and mastery.	64.9% (87)	17.9% (24)	8.2% (11)	3.0% (4)	3.0% (4)	0.7% (1)	1.5% (2)	0.7%
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.)	63.9% (85)	18.0% (24)	7.5% (10)	3.0% (4)	3.0% (4)	1.5% (2)	0.0% (0)	1.5%
Standard 7F: Collaborative Learning: Collaborative learning is encouraged through group discussion and peer critiques and self-evaluation exercises.	59.4% (79)	21.8% (29)	9.0% (12)	2.3% (3)	3.0% (4)	1.5% (2)	0.8% (1)	1.5%
Standard 7G: Independent Learning: Independent learning is encouraged through individual additional work.	61.8% (81)	19.8% (26)	11.5% (15)	2.3% (3)	3.1% (4)	0.8% (1)	0.0% (0)	0.8%
Standard 7H: Self-Evaluation: Self-evaluation is encouraged throughout the program.	63.6% (84)	18.9% (25)	11.4% (15)	0.8% (1)	1.5% (2)	2.3% (3)	0.0% (0)	0.8%

Standard 7H: Self-Evaluation: Self-evaluation is encouraged throughout the program.	62.8% (76)	19.0% (23)	9.9% (12)	1.7% (2)	2.5% (3)	2.5% (3)	0.0% (0)	0.8%
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17. If you have any comments on the standards above, please write them here.

	Response Count
	15
answered question	15
skipped question	130

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	Response 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.	73.1% (98)	20.1% (27)	5.2% (7)	0.0% (0)	1.5% (2)	134
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.	77.4% (103)	17.3% (23)	3.8% (5)	1.5% (2)	0.0% (0)	133
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.	72.9% (97)	18.0% (24)	4.5% (6)	2.3% (3)	2.3% (3)	133
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.	61.2% (82)	23.9% (32)	9.7% (13)	1.5% (2)	3.7% (5)	134
Standard 8E: Utilization of Results of Evaluations: The program shall systematically use the information obtained in its evaluations to foster student achievement.	68.9% (93)	21.5% (29)	8.1% (11)	0.7% (1)	0.7% (1)	135

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.	82.0% (109)	9.8% (13)	6.0% (8)	1.5% (2)	0.8% (1)	133
						answered question
					skipped question	9

19. If you have any comments on the standards above, please write them here.	
	Response Count
	14
answered question	
	14
skipped question	
	131

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	Medical Interpreter Skills Assessment	Dec 11, 2012 11:42 PM
2	College ESL / English Assessment Test	Dec 11, 2012 4:22 PM
3	a comprehensive language screening created by a qualified entity or individual	Dec 7, 2012 11:09 PM
4	Reliable language assessment	Dec 6, 2012 6:54 PM
5	Question: How does a "training organization" obtain a college degree?	Dec 5, 2012 11:37 AM
6	None, I am a native English speaker who learned a Foreign Language in the USA	Dec 4, 2012 11:44 AM
7	Federal Written Examination	Dec 4, 2012 7:18 AM
8	Concurrent enrollment in courses designed to raise English proficiency to necessary level.	Nov 21, 2012 6:13 PM
9	GED Test	Nov 19, 2012 12:55 PM
10	Do you mean the candidate for admission to an accredited organization?	Nov 17, 2012 2:13 AM
11	training center can design their training	Nov 16, 2012 12:40 PM
12	Cambridge Test	Nov 16, 2012 9:13 AM
13	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 4:41 PM
14	not familiar with some of these tests	Oct 26, 2012 1:50 PM

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

1	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 11:32 AM
2	Training agencies are not using the most qualified people as a trainers.	Dec 16, 2012 9:53 PM
3	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 11, 2012 11:42 PM
4	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 5:09 PM
5	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. 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.	Dec 7, 2012 11:09 PM
6	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 7:34 PM
7	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 8:44 AM
8	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 7:57 AM
9	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 7:22 PM
10	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 11:37 AM
11	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	Dec 4, 2012 9:06 PM

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

	op PhD is necessary to ensure a acceptable level of formal education.	
12	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 11:44 AM
13	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 11:30 AM
14	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 11:30 AM
15	Not being familiar with these tests/and or the grading systems, I can't comment on the proficiency tests.	Dec 4, 2012 11:27 AM
16	I believe the interpreter should provide proof of English proficiency. So either holding a degree form 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 10:39 AM
17	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 biingual general exam, What is the point off all tests if there is no job proteccion?	Dec 4, 2012 6:31 AM
18	Not familiar with many of the tests above	Dec 4, 2012 4:31 AM
19	Why isn't completion of a High School diploma in an English speaking country sufficient to demonstrate proficiency?	Dec 4, 2012 2:49 AM
20	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 9:55 PM
21	Language proficiency should be tested prior to admission	Nov 25, 2012 1:51 PM
22	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 6:13 PM
23	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 incremanetal as they acculturate)	Nov 21, 2012 4:48 PM
24	or equivalent	Nov 20, 2012 11:26 AM

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

25	No Comment	Nov 20, 2012 6:13 AM
26	Not familiar with other test.	Nov 19, 2012 11:26 PM
27	Not aware of the details or measurements of above tests; however, proficiency should be measured.	Nov 19, 2012 6:25 PM
28	I assume the question is about trainers in the organization, correct? It is not clear and somewhat confusing	Nov 19, 2012 3:35 PM
29	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 2:53 PM
30	This seems to be a requirement for instructors, not training organizations.	Nov 19, 2012 1:44 PM
31	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 a the national or international level not state level.	Nov 18, 2012 9:11 PM
32	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 7:45 PM
33	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 4:41 PM
34	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	Nov 18, 2012 9:07 AM

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

programs training for their trainees so they can pass one of these tests? Poorly asked question.

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|----|---|-----------------------|
| 35 | The profession needs to get a better pay a full time medical interpreter (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 9:44 PM |
| 36 | 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 6:28 PM |
| 37 | Need to be legal in the United States of America | Nov 16, 2012 4:07 PM |
| 38 | 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 12:40 PM |
| 39 | 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 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. | Nov 16, 2012 11:13 AM |
| 40 | 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 7:10 AM |
| 41 | I have familiarity only with TOEFL | Nov 15, 2012 5:36 PM |
| 42 | what if the candidate possess a post grad degree obtained in English? | Nov 15, 2012 3:54 PM |

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

1	The organization must have as a trainer a person with medical or nursing background.	Dec 16, 2012 9:53 PM
2	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 11, 2012 11:42 PM
3	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 5:09 PM
4	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 7, 2012 11:09 PM
5	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 8:44 AM
6	The minimum age should be increased because it's beyond being "an adult"; it about the levels of experience and maturity	Dec 7, 2012 7:57 AM
7	Language assessment from a reliable institution not necessarily the ones indicated above.	Dec 6, 2012 6:54 PM
8	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 11:37 AM
9	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 9:06 PM
10	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 11:44 AM
11	Again it seems discriminatory, I will not continue with the survey. It feels biased.	Dec 4, 2012 11:30 AM
12	As most of the interpreters we hire come as refugees and assist the Refugee as	Dec 4, 2012 11:30 AM

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

	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.	
13	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 11:27 AM
14	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 10:39 AM
15	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 7:18 AM
16	Same comment as above.	Nov 27, 2012 9:55 PM
17	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 12:07 PM
18	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 8:31 AM
19	Was #4 written correctly? Shouldn't it only be for Standard 1B?	Nov 21, 2012 6:13 PM
20	The minimum should be a Bachelor degree	Nov 20, 2012 3:10 PM
21	Minimum education required should be at least a BA	Nov 20, 2012 11:26 AM
22	No comment	Nov 20, 2012 6:13 AM
23	Still about the trainers? Still confusing.	Nov 19, 2012 3:35 PM
24	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 evlauation	Nov 19, 2012 2:53 PM
25	Standard 1B seems to be a requirement for instructors, not training organizations.	Nov 19, 2012 1:44 PM
26	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 quality interpreters into our profession.	Nov 18, 2012 9:11 PM

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

27	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 4:41 PM
28	These questions seem to be stated as if they were determining an individual's certification not a training program's accreditation.	Nov 18, 2012 9:07 AM
29	The exam is too expensive. Hospitals does not want to pay for training neither for the test.	Nov 17, 2012 9:44 PM
30	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 2:13 AM
31	The admission criteria should be the same for English and for the second language.	Nov 17, 2012 2:03 AM
32	I reiterate my comments made in Question 3 here.	Nov 16, 2012 6:28 PM
33	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 4:07 PM
34	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 11:13 AM
35	same applies as previous question?	Nov 15, 2012 3:54 PM
36	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 4:41 PM
37	it should be higher than GED or high school.	Oct 26, 2012 1:50 PM

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

1	I would advise the instructor/student ratio be specific and limited to no more than 20:1.	Dec 10, 2012 5:09 PM
2	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 7, 2012 11:09 PM
3	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 8:44 AM
4	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 11:37 AM
5	"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 11:44 AM
6	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 11:27 AM
7	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 9:53 AM
8	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 6:13 PM
9	Advisor could also be a CMI or CHI with years of experience	Nov 20, 2012 11:26 AM
10	No comment	Nov 20, 2012 6:13 AM
11	While laudable, 2A seems like IMIA is reaching far beyond it's 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 1:44 PM
12	More details are needed for standard 2 C. It is not clear to me.	Nov 19, 2012 11:42 AM

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

13	2C is difficult to understand	Nov 19, 2012 9:06 AM
14	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 9:11 PM
15	This assumes a larger institution and does 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 9:07 AM
16	The all test (exam) is too expensive. Almost 500.00 dollars	Nov 17, 2012 9:44 PM
17	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 2:13 AM
18	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 2:03 AM
19	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 6:28 PM
20	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 4:07 PM
21	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 11:13 AM
22	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	Oct 31, 2012 4:41 PM

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

interpreting community should be in line with those standards in order for us to maintain our credibility in the healthcare field.

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

1	Where are the standards for on-line programs?	Dec 27, 2012 6:20 PM
2	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 4:22 PM
3	The most essential resources should be available online in addition to hard copies.	Dec 10, 2012 5:09 PM
4	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 8:44 AM
5	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 2:13 PM
6	have the manual, glossaries ro be free online.	Dec 5, 2012 5:08 PM
7	Standard 3E - generally students have to buy their own resources, not have them provided.	Dec 5, 2012 2:25 PM
8	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 11:44 AM
9	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 7:18 AM
10	No comment	Nov 20, 2012 6:13 AM
11	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 2:53 PM
12	These look a bit vague.	Nov 19, 2012 1:44 PM
13	Don't knwo 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 9:11 PM
14	Again - this asumes a large program on a campus not, for instance, programs dependent upon a local professional development association.	Nov 18, 2012 9:07 AM
15	We need more pay.	Nov 17, 2012 9:44 PM
16	Agai, it seems that you are planning to run low level programs in a 3rd world country. What about access to computers and video relay equipment and video equipment for classroom use?	Nov 17, 2012 2:13 AM

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

17	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 2:03 AM
18	online is highly required	Nov 15, 2012 3:54 PM
19	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 4:41 PM
20	materials are hard to find and unavailable in some languages	Oct 26, 2012 1:50 PM

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

1	Many standards seem exceedingly vague.	Dec 27, 2012 6:20 PM
2	Records shall be maintained for more than 3 years, at least 5.	Dec 10, 2012 5:09 PM
3	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 bound for a certain amount and more!	Dec 7, 2012 11:09 PM
4	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 8:44 AM
5	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 2:13 PM
6	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 11:27 AM
7	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 8:31 AM
8	No comment	Nov 20, 2012 6:13 AM
9	You may wish to keep records electronically for a longer period of time, say 6-10 years.	Nov 19, 2012 1:29 PM
10	I think records should be maintained for 5 years. 3 seem too short a time.	Nov 18, 2012 9:11 PM
11	Certificate of attendance given to all. Certificate of Completion for those who meet criteria for successful completion.	Nov 18, 2012 7:45 PM
12	I believe that records should be maintained longer than three years.	Nov 18, 2012 5:51 PM
13	same as previous - I hope there will be accreditation standards set for other types of training that is non-institutional	Nov 18, 2012 9:07 AM
14	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 2:13 AM
15	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	Nov 17, 2012 2:03 AM

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

the minimum criteria for successful completion. Does IMIA have recommendations? 90% accuracy in word equivalence? 75%? We need guidance here.

16	Standard 4K: I think records should be available for longer than three years.	Nov 16, 2012 10:04 AM
17	Will prefer if Standard 4K has a longer time span, maybe 5 or more years.	Nov 16, 2012 9:45 AM
18	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 interprets 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 4:41 PM

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

1	The standards seem very rigid and not accounting for various types of interpreter training program options.	Dec 27, 2012 6:20 PM
2	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 11:32 AM
3	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 9:53 PM
4	Standard 5G: Should read: Instructor shall possess...	Dec 10, 2012 5:09 PM
5	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 7, 2012 11:09 PM
6	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 8:44 AM
7	Did not understand question 5G.	Dec 5, 2012 2:40 PM
8	The difficulty of providing language coaches in lesser diffused languages is enormous.	Dec 5, 2012 2:25 PM
9	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 11:37 AM
10	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 11:30 AM
11	Standard 5 G: too vague, what is "appropriate" experiential background?	Dec 4, 2012 11:27 AM
12	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 9:53 AM

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

13	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 interpreting program.	Dec 4, 2012 7:18 AM
14	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 10:04 AM
15	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 12:52 AM
16	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 6:13 PM
17	No comment	Nov 20, 2012 6:13 AM
18	Since National Certification is not offered in many languages, it should not be a requirement.	Nov 19, 2012 3:35 PM
19	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 2:53 PM
20	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 1:44 PM
21	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 7:45 PM
22	Standard 51 needs to be clarified - is it personal professional development or a plan in the program for trainees to receive professional development?	Nov 18, 2012 9:07 AM
23	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 2:13 AM
24	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 2:03 AM
25	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 4:07 PM

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

26	Standard 5I: CEU's should be a requirement for anyone in the profession.	Nov 16, 2012 10:04 AM
27	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 5:36 PM
28	for international applicants yes	Nov 15, 2012 3:54 PM
29	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 4:41 PM

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

1	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 12:29 AM
2	6Q: 30 - 50 hours could be sufficient.	Dec 10, 2012 5:09 PM
3	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 7, 2012 11:09 PM
4	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 to lots of research methodology, so clarification is needed.	Dec 7, 2012 8:44 AM
5	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 2:25 PM
6	The RID standards do not need to be applied to the non-deaf Interpreters.	Dec 4, 2012 11:44 AM
7	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 11:27 AM
8	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 7:18 AM
9	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 2:49 AM
10	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 10:04 AM
11	Practicum is necessary, but a mandatory 100 hours may not be realistic. 40-60 hours would be more feasible.	Nov 22, 2012 12:52 AM
12	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 6:13 PM
13	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 3:10 PM
14	No comment	Nov 20, 2012 6:13 AM

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

15	20 hours are not enough for medical terminology for interpreters preparing to work in medical setting	Nov 19, 2012 3:35 PM
16	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 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).	Nov 19, 2012 2:53 PM
17	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 1:44 PM
18	Having tried both simultaneous and consecutive I don't 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 9:11 PM
19	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 7:45 PM
20	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 closely supervised 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 - make it more specific - what it should be rather than what it shouldn't be. 6S would require more than 40 hrs in a program.	Nov 17, 2012 2:13 AM
21	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.	Nov 17, 2012 2:03 AM

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

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 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"?

22	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 4:07 PM
23	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 10:04 AM
24	Practicum should be less than 100 hours, possibly make it half.	Nov 15, 2012 6:20 PM
25	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 6:04 PM
26	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 5:36 PM
27	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 2:58 PM
28	According to Flores et al 2012 , published in the Annals of Emergency Medicine,	Oct 31, 2012 4:41 PM

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 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. I 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.

29

practicums are not prevalent in most training programs.

Oct 26, 2012 1:50 PM

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

1	7H is repeated.	Dec 10, 2012 5:09 PM
2	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 8:44 AM
3	The answer choices are repetitive, as well as Standard 7H.	Dec 4, 2012 11:44 AM
4	7H repeats, as do the columns. Did you mean to give a wider range?	Dec 4, 2012 11:27 AM
5	This standard is repeated. Standard 7H: Self-Evaluation: Self-evaluation is encouraged throughout the program.	Dec 4, 2012 9:53 AM
6	I don't understand the need for redundancy in the responses.	Nov 26, 2012 12:07 PM
7	Unclear about self evaluation-how?	Nov 25, 2012 1:51 PM
8	Proof read more carefully.	Nov 20, 2012 6:13 AM
9	Evaluation by others seems to be more useful than self-evaluation.	Nov 19, 2012 2:53 PM
10	The accreditation should focus more on the results of a program rather than legislating actual techniques.	Nov 19, 2012 1:44 PM
11	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 7:45 PM
12	7H is repeated	Nov 18, 2012 9:07 AM
13	What skills in use of computers and other electronic equipt are required?	Nov 17, 2012 2:13 AM
14	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 2:03 AM
15	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 4:41 PM

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

1	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 9:53 PM
2	8D should be more than 2 of those requirements.	Dec 10, 2012 5:09 PM
3	Why a final exam as well as National Certification?	Dec 7, 2012 8:44 AM
4	I wonder if you know of any agency that would live up to these standards...!	Dec 5, 2012 8:31 PM
5	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 11:37 AM
6	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 12:07 PM
7	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 3:08 PM
8	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 6:13 PM
9	No comment	Nov 20, 2012 6:13 AM
10	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 9:07 AM
11	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 2:13 AM
12	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 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	Nov 17, 2012 2:03 AM

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

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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|----|---|----------------------|
| 13 | This survey is too long and too many ideas! | Nov 16, 2012 4:07 PM |
| 14 | 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 4:41 PM |