



# THE NATIONAL BOARD OF CERTIFICATION FOR MEDICAL INTERPRETERS

## Frequently Asked Questions and Answers:

### 1. When can I take the test?

The actual written test is available now, as well as the oral test, please go to [www.certifiedmedicalinterpreters.org](http://www.certifiedmedicalinterpreters.org) for more information and to register. The test is available on demand, at a schedule convenient for you.

### 2. How can I get a study guide?

For a study guide please go to <http://www.certifiedmedicalinterpreters.org/sites/default/files/03-17-10TestProcessSlides.ppt>

### 3. What training course do you advise?

For training information, please go to the IMIA National Training Directory <http://www.imiaweb.org/education/trainingnotices.asp>

### 4. I want to join a Task Force.

Send an email to [staff@certifiedmedicalinterpreters.org](mailto:staff@certifiedmedicalinterpreters.org)

### 5. Where are the PSI testing sites?

For testing sites see this link: <http://www.imiaweb.org/uploads/docs/PSIPremierPlusNetworkCities.pdf>

### 6. When is the next Webinar?

Webinar information will be posted at [www.certifiedmedicalinterpreters.org](http://www.certifiedmedicalinterpreters.org)

### 7. I submitted my registration and check, but have not heard anything.

Please allow 4-8 weeks for the registration process, due to unprecedented volume. Your registration and pre-requisites documentation will be reviewed and you will be notified whether it was approved or not. Please be patient as the National Board works to streamline the registration process. The National Board is working on computerizing the system very soon so it can be done online.

### 8. Where do I register?

Please register for the actual exam at <http://www.certifiedmedicalinterpreters.org/register>

### 9. What are the prerequisites?

The prerequisites are at: <http://www.certifiedmedicalinterpreters.org/register>

### 10. I am having trouble downloading the forms.

If you are having problems downloading, you may have to download Adobe Reader, free on their web at <http://get.adobe.com/reader/>

### 11. Once I register how long do I have to take the written exam?

After registering you have three months, but you are encouraged to take it as soon as you can after registering.

### 12. On the oral part of the test, will we be allowed to choose the accent we want to interpret? Ex Portuguese from Portugal and from Brazil?

*This will depend on the language and will be mixed. A Portuguese interpreter has to be able to interpret both in most healthcare settings.*

**13. How many times can one take the oral and written exam per year?**

*You can take the exams every 3 months, two times per calendar year.*

**14. What is the passing grade for the tests?**

*The passing grade is 75% written and 70% for the oral.*

**15. Can I get a certification before doing the oral test?**

*In order to earn your CMI you must first pass the written exam and then pass the oral exam.*

**16. What is your address?**

The National Board of Certification for Medical Interpreters  
1425 K Street NW, Suite 350  
Washington, DC 20005

**17. What if I hold a RID certificate?**

*We are determining how to include ASL interpreters in this process.*

**18. I live in out of the country – may I take the test?**

*You may take the exams, but the tests are given in the U.S. at this time. In the future we hope to make this international.*

**19. I had problems joining the webinar.**

*We are very sorry about the problems joining the webinar. The response has been overwhelming, the webinar capacity fills up quickly and for this reason we are scheduling the webinar monthly.*

*For a copy of the presentation, please go to*

*<http://www.certifiedmedicalinterpreters.org/sites/default/files/03-17-10TestProcessSlides.ppt>*

*Webinar information will be posted at [www.certifiedmedicalinterpreters.org](http://www.certifiedmedicalinterpreters.org)*

**20. While court interpreting is different than medical interpreting, do you recognize the certification of court interpreters at any level? Do you require court certified interpreters to go through the complete certification process or are there areas of agreement?**

*Having court certification will meet the prerequisite requirements, but you would still have to take both the written and oral exams to receive your certified medical interpreter credential.*

**21. Do the college credits have to be classes on the Spanish (or other) language?**

*15+ credits in college education in L2, where classes are given in the target language.*

**22. I am a nurse (or other medical provider) and have extensive knowledge of medical terminology; do I still need formal training as a medical interpreter?**

*Interpreter education is required according to the CLAS standards*

*(<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>), which state that medical interpreters have to be tested and trained in medical interpreting. Certification covers testing but training relates to*

*interpreting skills, standards, ethics, roles, protocol and other topics that are not covered in medical school. To see a list of available trainings, please go to [www.imiaweb.org/education/trainingnotices.asp](http://www.imiaweb.org/education/trainingnotices.asp) A training certificate from a training program of 40-70 hours is the minimum training that is accepted.*

**23. After I pass the written test, how soon could I take the oral test?**

*Following successful completion of the written portion, you would be eligible to take the oral portion. Right now, the oral is only available for Spanish. If you are a Spanish interpreter and wish to take the oral portion, you just need to contact the National Board and let us know where you live so that we can arrange for the oral test delivery.*

**24. How long will it take to know whether I passed the oral test?**

*It should take approximately 4 weeks to get the results of your oral portion of the test.*

**25. Once I pass the oral test, how soon will I get my CMI credential (badge)?**

*Upon successful completion of all parts, you will receive your CMI certification within two weeks.*

**26. Will my name be listed in a CMI directory that T&I agencies can access?**

*The National Board will be establishing an international register of candidates who have achieved the CMI designation.*

**27. Could I expect to become a CMI by mid 2010?**

*Yes, if you are a Spanish language interpreter.*

**28. Why does becoming a CMI so expensive?**

*The costs of developing and validating the test were very substantial. In addition, the National Board will have to ensure that the tests are continuously updated and maintain their statistical validity. We are making every effort to keep the exams accessible. The test costs are comparable to other national exams, including the federal court exams and the RID. The costs reflect the development, administration and maintenance of the test, as well as the expansion of the certification into other languages. Each exam incurs cost from the registration process, testing site, the proctors, and raters. You pay in phases, first registration, then the written and if you pass, the oral.*

**29. I will appreciate if you can send me the Web site with info about the next May 1 Forum in Washington DC, and instruction for registration.**

*Go to <http://www.certifiedmedicalinterpreters.org/events> for more info and <http://www.imiaweb.org/conferences/2010May1.asp> to register.*

**30. I took the pilot, want to know the score.**

*No individual scores for the pilot will be given as the test items were not final and pilot applicants tested on more items than required for a test in order for the National Board to validate two versions. Individual scores will be given only for the actual exam.*

*Please register for the actual exam at <http://www.certifiedmedicalinterpreters.org/register>*

**31. If we took the pilot, must we take the actual test?**

*The pilot does not count towards your certification, but your pilot fee will be deducted from your actual exam fee.*

**32. I have questions on the knowledge areas to be tested:**

*First of all, medical terminology, at what level of knowledge are you testing?*

*The terminology piece is based on the Job Analysis and what interpreters actually do and then the most common vocabulary in each specialty was considered. For more information please see the presentation at:*

*[http://www.imiaweb.org/uploads/pages/195\\_2.pdf](http://www.imiaweb.org/uploads/pages/195_2.pdf)*

**If the minimum training requirement is 40 hours, would you consider a 2-day course on anatomy and medical terminology sufficient to prepare a person with no medical background to take the national certification exam? Same question on medical specialties.**

*The National Board stipulates the minimum training requirement as a means to ensure all candidates are trained, as per CLAS standards, yet remain an inclusive certification program. The National Board highly recommends training beyond 40 hours, but in many areas of the United States, candidates will not have access to training programs with more hours of training.*

On cultural competence:

**How do you define cultural competence and what is included in the subject matter that you expect a medical interpreter to know; and at what depth or breadth of knowledge?**

*Interpreters will need to know about the cultural interface role that interpreters play in their work. They should know as much about cultural competence as any other health care professional. Certification ensures minimal standards, so the breadth of knowledge is that which is minimal for an interpreter to perform his/her tasks as a medical interpreter.*

Standards:

**Would you be testing knowledge of each organizational standard? For example, CHIA, IMIA-specific standards?**

*Not necessarily, the concepts being tested include all the standards. Not all versions will include all standards, but a candidate will need to know the three most popular standards (IMIA, NCIHC, CHIA) in order to pass the written exam.*

**33. I am worried about the fragmentation of our field.**

*The National Board was created by an open call and a neutral selection committee. The history of certification spans 24 years and is a continuation of all the efforts that were started by the IMIA in 1986 and to which many interpreters have contributed - there is a history of certification on our web site:*

<http://www.certifiedmedicalinterpreters.org/history>

*In 2008 a group of stakeholders said this is enough talk - it's time to start certification and that led to the national job analysis in Jan. 2009 and months of development of certification exams through a scientific process by testing experts, subject matter experts, interpreter focus groups as well as the founding of the National Board. There is no test like it anywhere, and it is a brand new test built from a firm foundation.*

*Interpreters are testing and on their way to becoming certified now, and that is what is going to drive the profession forward and cause buy-in from states, nationally and from hospitals and health care system. If you explore the web site, you will see some short talks that were given at the launch of certification last year at the IMIA conference in October. They are very informative, and the ones by John Weiner of the national testing company that oversaw the development of the test (PSI) explain the way the exams were developed so to be valid and reliable. We encourage you to study this issue more and consider becoming certified.*

*Continued on the next page...*

## QUESTIONS FROM INTERPRETER MANAGERS

***Will the hospital agree to fund the cost per interpreter for certification testing at \$430.00 per person? For existing interpreters? For new hires?***

Each hospital will decide if it wants to pay for certification of its existing interpreters. There are risk reduction benefits, but unless mandated, hospitals will not be obliged to pay for the certification of their interpreters. It is important to note however, that an employer cannot mandate employees to take additional exams unless they pay for it and the interpreter union agrees with it, if the interpreters are unionized.

Hospitals might choose to require national certification for newly hired spoken language interpreters, as available, just as they do for ASL interpreters, saving all the testing costs they are currently incurring internally.

***If interpreter does not pass, will the hospital pay for that interpreter to take it a second time? How many tries should we offer? What happens if the interpreter does not pass the test?***

That will depend on the institution's budget and HR policies. Once an employee is tested and deemed 'not competent' by a certifying entity, the employer has an obligation with the employee to engage in an individualized learning plan according to the HR policies of the organization. This policy would determine how many chances the individual would have, time frame for improvement, and how many exams the institution would pay for.

***Will we keep non-certified interpreters on staff? Wouldn't that present us effectively with two standards of care?***

That is the current situation, since ASL interpreters are certified and most spoken language interpreters are not. Currently many hospitals have different levels of requirements or position grades of medical interpreters, higher levels requesting more skills or education. While it is true that national certification was not available for spoken language interpreters, if the job description states 'nationally certified, as available', then that allows the job description to serve all interpreters, requiring credentials in the languages as they become available. Some might choose to hire with the requirement that the individual "become certified within 6 months of employment". Many organizations do this already with different positions.

***Will the certified interpreter get paid at a higher rate than the non-certified? That could be an incentive for the non-certified to achieve certification status.***

Each health care organization decides on the compensation of their interpreters. Some have different rates due to education, number of languages, simultaneous skills, or years of experience. Others might choose to give a differential for credentials or shift worked. These are all decisions that each health organization will make with the guidance of their HR departments. It is very true that differential pay incentivates employees to acquire new skills, education, or credentials on their own.

***Will there be a practice test so we can try it on the interpreters to see if they are ready to take the test? If the interpreter is not ready, then the decision is do we send that person so he/she can get testing experience, or do we wait until he/she improves? Every test is \$430.***

There will not be a practice test for the National Board Written or Oral Exams. Each exam version is very costly to produce. In order for it to measure a passing rate in an authentic and statistically reliable way, it needs to be a real exam proctored and rated just as a real exam, so in effect the candidate would be going through the exact experience of a real National Board exam. The National Board cannot incur costs to administer and rate an exam without charging for the exam.

It is a phased in expense. The registration process costs \$30. Employers would not pay for the written exam of an employee that does not qualify. If they did, then written exam is \$150.00, so the employer/employee would have invested \$180.00 at this point. Likewise, the candidate would not be able to take the oral exam if he/she does not pass the written, so the minimum one will spend is \$30, and/or \$180, or if they pass steps 1 and 2, then \$430. No candidate or employer will expend the \$430 per candidate on the onset, it is a phased approach.