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**Randa Yazbeck**  
Vice Chair



**Eliane Sfeir-Markus**  
Secretary

## Letter from the Chair



**Dear Arabic Division members,**

During the past three months, I received numerous inquiries from neophyte medical interpreters asking for information on:

1. The process of becoming a certified professional
2. The availability of nationally-recognized training programs for English <> Arabic medical interpreters

I was delighted to see a growing interest in furthering education and gaining adequate certification among Arabic medical interpreters. This newsletter will guide new medical interpreters through the path of career growth, utilizing the resources available for all current and future IMIA members.

If you have any questions, suggestions, or feedback, please don't hesitate to email me on [imahmood@imiaweb.org](mailto:imahmood@imiaweb.org). I will always be happy to assist you.

Thank you for your continuous support.

Sincerely,

Ibtihal Mahmood, BA, CHI,  
Chair, Arabic Division  
[imahmood@imiaweb.org](mailto:imahmood@imiaweb.org)

## CoreCHI™ - Core Certification for Interpreters of ALL Languages

In their May newsletter, the Certification Commission for Healthcare Interpreters (CCHI) announced that they have decided to change the name of the AHI credential to the Core Certification Healthcare Interpreter™ (CoreCHI™), effective immediately.

This certification tests medical interpreters of any language on the core professional knowledge as well as critical thinking, ethical decision-making, and cultural responsiveness skills needed to perform the interpreter's duties in any healthcare setting.



The test is offered at testing sites throughout the U.S. during designated testing windows only. **The next testing window is July 21-August 9.** It's smart to plan ahead and have the prerequisite CoreCHI™ exam out of the way as soon as possible.

For more information on how to get started, check out the CCHI website [here](#).

## IMIAREB.ORG: Utilizing the Training Directory

An interpreter educational program is a program of education for interpreters with a minimum of 40 hour duration that trains and tests students, providing them with a certificate of successful completion. Selecting through the options on the IMIA Training Directory, you can specify your search to find an interpreter educational program that best fits your goals, whether you wish to receive IMIA Continuing Education Credits (CEUs), find a language-specific program, or find a training program available online.

The Directory also allows users to look for training under many categories for individuals looking for workshops, intensive training programs, or university programs.

Take a look at this valuable tool, offered by the IMIA to all current and future members, by clicking [here](#).

*Have you tried using the Arabic Medical Terminology Database? Check it out [here](#).*



## A Portrait of a Certified Medical Interpreter

Randa Yazbeck, the vice chair of the Arabic Division at the IMIA, interviewed Laura Nakazawa, the manager of interpreter services at the Dana-Farber Cancer Institute in Boston, MA, to talk about her experience working with certified Arabic Interpreters.

“We have received very positive feedback from providers and patients,” said Nakazawa. “The level of language proficiency of Arabic medical interpreters is very high. We have two doctors in different fields, and one very experienced interpreter.”

When asked about the importance of certification when selecting an interpreter, Ms. Nakazawa said, “All medical interpreters, regardless of language, must complete a medical interpreting program, pass our internal test, and work towards national certification.”

Ms. Nakazawa expressed her overall satisfaction with the professionalism of certified Arabic medical interpreters, saying they have always demonstrated a thorough understanding of the code of ethics: “In many instances, [interpreters] provide cultural education/explanation of cultural differences to healthcare providers. Nature of explanation having to do with gender preferences for providers, religious practices, end of life views, and receiving bad news.”

