

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR CERTIFICATION

**CERTIFIED MEDICAL LANGUAGE
INTERPRETER**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure/certification. To facilitate the application process, **submit a complete application form including all applicable supporting documents.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of license/certificate. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit a **\$50.00** non-refundable application-processing fee, made payable to "DOPL".
2. Submit a valid certificate of successful completion of the Bridging the Gap (BTG) Medical Interpreter program, as issued by the Cross Cultural Health Care Program.

ADDITIONAL IMPORTANT INFORMATION:

1. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

2. **Bridging the Gap (BTG) Interpreter Training Program:** For information about course information and training opportunities for the Bridging the Gap at Medical Interpreter Training program contact, Cross Cultural Health Care Program, 4700 42nd Ave SW, Suite 580, Seattle, WA 98116. Telephone (206) 860-0329. Website: www.xculture.org E-mail: bridgingthegap@xculture.org
3. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive any correspondence from DOPL. Address changes can be made online at www.dopl.utah.gov.
4. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
5. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

6. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
7. **Fax Number:** (801) 530-6511

APPLICATION FOR CERTIFICATION

GENERAL INFORMATION

Certification(s) Applying For: Certified Medical Language Interpreter

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: Male Female Date of Birth: ____/____/____

Social Security Number: ____-____-____

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

Signature of Applicant: _____ Date: ____/____/____

Have You Ever Held A Utah License Before? Yes No

If Yes, Name of Profession: _____ License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

CERTIFIED LANGUAGE INTERPRETER AND EXAMINATION REQUIREMENT:
 Please check one or all languages being applied for and list the date the required examination was taken and passed.

	<i>Language</i>	<i>Completion Certificate Date for BTG Medical Interpreter Program</i>
<input type="checkbox"/>	Bosnian	___/___/___
<input type="checkbox"/>	Cantonese	___/___/___
<input type="checkbox"/>	Mandarin Chinese	___/___/___
<input type="checkbox"/>	Navajo	___/___/___
<input type="checkbox"/>	Russian	___/___/___
<input type="checkbox"/>	Spanish	___/___/___
<input type="checkbox"/>	Somali	___/___/___

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a Certified Medical Language Interpreter in Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ___/___/___

AFFIDAVIT FOR NATIONAL STANDARDS OF PRACTICE

I understand that it is my responsibility to read and understand all national standards of practice and I agree to comply with such.

Signature of Applicant: _____ Date: ___/___/___

AFFIDAVIT OF CONFIDENTIALITY

I have a basic understanding of confidentiality and I have read and understand the HIPAA Act and requirements and I agree to comply with such.

Signature of Applicant: _____ Date: ___/___/___

MEDICAL LANGUAGE INTERPRETER QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a license/certificate examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
11. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
12. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

(Continued on next page.)

13. _____ Do you currently have any criminal action pending?
14. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure/certification or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure/certification.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ___/___/___

Printed Name of Applicant: _____