

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Certified Medical Language Interpreter:

- Tier 1** Requires Oral and Written Exams. Applies to Arabic, Cantonese, Korean, Russian, Mandarin, Spanish, and Vietnamese.
- Tier 2** No Oral Exam available, must pass an approved written exam.

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Language spoken for certification: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

**Driver License
or State ID Card:**

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, 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 to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.
7. I agree to abide by the national standards of practice.

Signature of Applicant: _____ Date: _____

Submit this form, \$50 non-refundable application fee and certificate of completion of passing an approved exam to:

In person or via express delivery:
Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

APPLICATION INFORMATION FOR ALL APPLICANTS

Certification: The applicant must specify the language they are qualified to interpret on the application.

Tier 1: The applicant must provide documentation of passing both a written and oral examination that meets the requirements of UCA 58-80a-303(1). A tier 1 certificate is required for those who provide medical language interpreting in **Arabic, Cantonese, Korean, Russian, Mandarin, Spanish or Vietnamese**.

Tier 2: The applicant must provide documentation of passing a written exam that meets the requirements of UCA 58-80a-303(1) with the exception of an oral exam as specified in 58-80a-302(2).

National Certification organizations recognized by the division include The National Board for Certification of Medical Interpreters (NBCMI) and Certification Commission for Healthcare Interpreters (CCHI).

58-80a-303. Qualifications for certification.

- (1) An individual qualifies as a tier 1 certified medical language interpreter if the individual:
 - (a) acts as a medical language interpreter between English and at least one other language;
 - (b) passes an oral and written examination:
 - (i) administered by:
 - (A) the division;
 - (B) a person under contract with the division;
 - (C) a national certification organization; or
 - (D) a person approved by the division by rule, made in accordance with [Title 63G, Chapter 3, Utah Administrative Rulemaking Act](#); and
 - (ii) that tests:
 - (A) basic language fluency with respect to the language for which the individual applies for certification;
 - (B) basic medical terminology with respect to the language for which the individual applies for certification, including the ability to name human body parts, name internal human organs, describe basic medical symptoms, and describe basic medical instructions, including dosage amounts and frequency;
 - (C) basic cultural competency relating to medical care beliefs and practices that are common to people who speak the language for which the individual applies for certification;
 - (D) knowledge and understanding of the national standards of practice; and
 - (E) a basic understanding of medical confidentiality requirements, including the confidentiality requirements of the federal Health Insurance Portability and Accountability Act;
 - (c) signs a statement agreeing to abide by the national standards of practice; and
 - (d) pays the fee described in Section [58-80a-305](#).
- (2) If an oral examination under Subsection [\(1\)\(b\)](#) is not available in the language for which an individual applies for certification, the individual may qualify as a tier 2 certified medical language interpreter if the individual passes the written portion of an examination under Subsection [\(1\)\(b\)](#) and completes all other requirements under Subsection [\(1\)](#).

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