DRAFT RECOMMENDATION TEN
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Instructions: Use the Information Sheet describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	**Testing entities** • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	Online is not the future, it's now. An entity must have a proven track record to provide testing on-line on either Mac or PC.
2.	**Technology** • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service) • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
	If there is a WA-specific exam, it would be good for it to be less expensive than the national exams, otherwise, might as well get nationally certified and bypass WA altogether. That said, I have long been a proponent of having the DSHS LTC exam be more expensive so that LTC could cover their own expenditures. I am unaware of state regulations dictating a price floor or ceiling.
3.a.	**Prerequisites and screening** • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
	The national certification exams have historically had higher passing rates than DSHS, despite being more rigorous in content, due in large part to the training prerequisite.
3.b.	**Test content** • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
	I'd like to see testing of interpretation skills for more languages. The former Authorized medical interpreter exam didn't test candidates' capabilities of interpreting between two languages. The focus was memory retention, which is a good skill, but is not interpreting.
3.c.	**Test quality** • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
	Agreed with the above, but I do not have suggestions to elaborate.
4.	**Resources to support clients and healthcare providers** • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems.

	• Customer complaint resolution process. • Other customer services.
	Regarding the platform, in my work I don't need interpreter contact information, but it is useful to be able to look up an interpreter to prove whether they hay certification or not. The current LTC database structure is such that interpreters can opt out of it (I assume so that they aren't solicited).