**Discover Healthcare Interpreting**

**CoreCHI™ Scholarship**

**Application**

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**Scholarship description:**

CCHI’s “Discover Healthcare Interpreting” CoreCHI™ Scholarship is awarded to healthcare interpreters who are eligible for and interested in pursuing the CoreCHI™ certification. In Fall of 2023, up to five (5) scholarships, in the amount of $231 each, will be awarded each half-year cycle.

**The 2023 Fall Cycle scholarships are made possible thanks to the generous contribution from the** [**Americans Against Language Barriers**](https://www.aalb.org/)**.**

**Scholarship timeline:**

**Fall Cycle:**

Application submission: **Sep 1 - Oct 31, 2023**

Award announcement: **December 15, 2023**

**How to submit this application:**

1. Each applicant must submit the ***application*** AND their ***written essay*** ***or oral presentation (recording)*** in one of the topics specified in the application. Applicants may choose if they wish to *write* an essay or to *record* their oral presentation (in an audio format). Only one essay should be submitted. **The *application* must be submitted electronically via email to** **scholarship@cchicertification.org** **as an attachment (in PDF or MS Word format).**
2. **Requirements for a written essay:**
	1. Length: 300-500 words
	2. Format: only MS Word or PDF files are accepted
	3. How to submit: email to scholarship@cchicertification.org as an attachment (together with the application)
3. **Requirements for an oral presentation (recording):**
	1. Length: 2-3 minutes in duration
	2. Identification: State your name and the topic you are responding to at the beginning of the recording.
	3. Format: only MP3 or MP4 (video or audio-only) files are accepted
	4. How to submit: Email your audio recording to scholarship@cchicertification.org by either attaching the file OR sharing a link to the file located in your cloud storage.
4. Only one application per person is allowed within a scholarship cycle.
5. Scholarships are available only to interpreters who have never yet become certified by CCHI.
6. **Candidates for the CHI™-Arabic, Mandarin or Spanish certifications do NOT qualify.**
7. Make sure to answer all questions, check all relevant boxes, and complete all sections, save this file with a name that includes your last name. Incomplete applications are not reviewed.
8. Applications received after the stated deadline are not reviewed.

\* If you need more space, add it in a corresponding question/section as needed. This blank application consists of five (5) pages.

**Selection process:**

* CCHI Scholarship Committee reviews *complete* applications submitted within the announced deadline.
* Applicants must meet CCHI certification eligibility criteria (http://cchicertification.org/certifications/eligibility/).
* Applicants must agree to all terms of Section 2 of the application (check all boxes and sign).
* **CCHI representatives will contact finalists for an over-the-phone/teleconferencing interview as part of the selection process.**
* CCHI Scholarship Committee awards scholarships based on merit. The number of scholarships awarded each cycle depends on the funds available and is subject to change. CCHI reserves the right to suspend or discontinue scholarship awards at any time and without any notice.

**\*\* Reminder**: This scholarship is ***not* available to Arabic, Mandarin or Spanish interpreters.**

**SECTION 1 – Personal Information**

**CCHI Privacy Statement:** CCHI will not display or release any addresses, phone numbers or email addresses in connection with this submission.

**1. Applicant’s name:**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Main contact information:**

**Please specify:**  home  business

**Your main email address for contact by CCHI:**

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Personal Demographics:**

**Gender:**  Female  Male

**Age** (Must be 18 years of age or older)**:** 18 to 30 30 to 45 45 to 60 >60

**Race (U.S. Census categories):** American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

**4. Your language of interpreting** (i.e., primary non-English working language) (\*\*\*Reminder: this scholarship is not available to Arabic, Mandarin or Spanish interpreters.):

**SECTION 2 – Statements of Eligibility and Release of Liability**

**Please check all boxes to indicate your agreement and acceptance of terms and sign.**

I attest and confirm that I have *not* taken and passed the CoreCHI™ examination at the time of this application.

I attest and confirm that I have at least a U.S. high school diploma or its equivalent (GED), including an equivalent from an educational program outside the United States.

I attest and confirm that I have completed a minimum of 40 hours of training in healthcare interpreting (your certificate must state “medical” or “healthcare interpreting” and list the hours) *and* have documentation to verify this (for more info, see http://cchicertification.org/certifications/eligibility/).

**List the training course information below:**

Name of course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total duration (in hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Sponsor/Institution/Instructor (may provide a weblink): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest and confirm that I have language proficiency in English *and* my primary language of interpreting other than English and have the respective documentation (as listed on this application) (for more info, see <http://cchicertification.org/certifications/eligibility/linguistic-proficiency/>).

**List the type of document you have that confirms your language proficiency in your primary language of interpreting (the non-English language)** (examples: High School or college diploma, language proficiency test results, refugee document; keep in mind the document must clearly identify your language):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that a CCHI representative **will contact me for an over-the-phone interview in connection with this application as part of the selection process**. I agree to be available for such an interview within 3 business days of the notification by CCHI via email.

I agree to be bound by the decisions of CCHI, which shall be final and binding in all respects. CCHI awards the scholarship at its sole discretion, and may disqualify any applicant.

I hereby grant CCHI an irrevocable, perpetual, royalty-free, non-exclusive license to use, distribute, reproduce, modify, adapt, publish, and publicly display my essay submitted with this application (in whole or in part), and to incorporate such essay into other works, in any format or medium.

I agree and consent to the use of my name and likeness/photograph in connection with any publicity, advertising, and promotion activities related to CCHI’s overall “Discover Healthcare Interpreting” project and its CoreCHI™ Scholarship, specifically.

If I am awarded a scholarship, I agree to be available for promotional activities (such as an over-the-phone, in-person or video interview, providing my photo in a digital format, etc.) scheduled at mutual convenience within 30 days of the date of award.

I agree that if I am awarded a scholarship, **I will apply for CCHI certification and take the CoreCHI™ exam within six (6) months from the date of the scholarship award**.

I understand that if I am awarded a scholarship, I must take the CoreCHI™ exam at a test center available at the time of award and located in the continental U.S., or, if my computer is compliant with CCHI’s requirements, I may take it online.

I confirm that I am providing (or intend to provide) interpreting services to the U.S.-based health systems or language companies that serve U.S.-based patients.

I acknowledge and understand that CCHI awards the scholarship only if necessary funds are available. CCHI reserves the right to cancel the scholarship at any time.

I agree to indemnify and hold harmless any and all directors, officers, agents, and employees of CCHI from any and all liability arising in connection with this application and scholarship award.

**I certify that all of the information that I have provided in connection with this**

**application is accurate and complete to the best of my knowledge and ability. I certify that I am the author of the essay included in this application.**

**I acknowledge that I have read all of the above statements in Section 2 and know and understand their contents.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 3 – Please provide your *bio* (200 words maximum):**

{Type your bio here.}

**SECTION 4 – Written Essay or Oral Presentation**

**Please choose one of the topics listed below and create either an essay or oral presentation.** You may either write your essay or respond orally in a recorded audio format. **You do not need to submit a written essay *and* an oral presentation; just select *one* of the formats and respond to one of the topics from the list below.**

**Requirements for a written essay:**

* 1. Length: 300-500 words. Essays with *fewer* than 300 words will *not* be considered.
	2. Format: only MS Word or PDF files are accepted. You may write it below in this same MS Word file or create a separate file.
	3. How to submit: Email your essay to scholarship@cchicertification.org as an attachment.

**Requirements for an oral presentation (recording):**

1. Length: 2-3 minutes in duration
2. Identification: State your name and the topic you have selected at the beginning of the recording.
3. Format: Only MP3 or MP4 (video or audio-only) files are accepted.
4. How to submit: Email your audio recording to scholarship@cchicertification.org by either attaching the file OR sharing a link to the file located in your cloud storage.

**Topics for an essay or oral presentation (choose one):**

(Remember that you must not divulge any protected health information (PHI) of patients in your response.)

1. Cultural responsiveness is a foundational concept of the healthcare interpreter code of ethics. Describe one or a few situations where you have been called upon to provide cultural clarification between patient and provider. What was the outcome of your actions in the described situation?
2. Why did you choose to become a healthcare interpreter? Detail the steps that led to this career path for you.
3. Discuss one or more valuable lessons you have learned from a trusted mentor or colleague in the language or healthcare industries.

{If you are submitting a ***written*** essay, type your essay here. Use as much space as you need, and keep in mind that it must be within the 300-500 words limit.}

***Thank you for submitting your application to CCHI!***