



INTERNATIONAL MEDICAL
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CMIE Accreditation Standards For Medical Interpreter Educational Programs

The IMIA Commission
on Medical Interpreter Education
Updated March 27, 2015



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Greetings!



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- Certification
- Accreditation
- Continuing Education



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Why Does IMIA Accredite Interpreter Training Programs?

- To promote interpreter education best practices.
- To provide training programs with a seal of approval, a credential of quality and distinction.
- To create for students, administrators and educators a common set of expectations regarding medical interpreting education.



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- Attendees?



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- “The only way to have quality control in medical interpreting is through accreditation.”

Maria Schwieter, MCA Ambassadors



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- The best thing that happened:
- Visibility of my program in the local area, around US and Internationally as well.

Waleska Ghini – SFAA



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What Other Accreditations Are Available?

- State accreditation is available for academic or occupational training programs
- National accreditation is available for online training programs (US Only)
- CCIE accreditation is available for ASL training programs (US Only)

There is currently no US or international accreditation specifically geared to medical interpreter training programs.

CCIE – [Commission on Collegiate Interpreter Education](#)

The IMIA Accreditation Standards were initially based and adapted from the [CCIE Standards](#).



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Accredited Programs

- 1. University of Memphis Medical Interpreter Program, TN*
- 2. Medical Communication Ambassadors, IN*
- 3. Liberty Language Services, VA*
- 4. Spanish for Austin, TX*
- 5. Hackensack Medical Center, NJ*
- 6. Medtalk Training, NH*
- 7. Pending Approval*



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What are the goals of this initiative?

To recognize superior interpreter training programs

- To create a distinction /designation for training organizations that will be duly noted in the Medical Interpreter Training Program Registry.

To improve and standardize interpreter training programs

- To pioneer standardization of training and education programs through accreditation.



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How does IMIA define accreditation?

IMIA Accreditation: a recognition that the medical interpreter educational program meets the standards set forth by the International Medical Interpreters Association after external peer review and evaluation of the program's curriculum and training practices with the goal of maintaining and enhancing the quality of the education and training provided.



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What are the IMIA Accreditation components?

1. Admission
2. Administration
3. Notices
4. Instructors
5. Curriculum
6. Methodology
7. Evaluation



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How Was the Accreditation Commission Formed?

The Accreditation Commission was formed by a public call to trainers in the field to work on this project. Their expertise was reviewed and the commissioners approved by the IMIA Executive Board.

The Commissioners Are:

- Mohamad Anwar, MSc, CHI-Arabic
- Marlene Obermeyer, MA, RN, Chairperson
- Sophia Rossovsky, MEd
- Jorge Rudko, Btech, CI
- Lizbeth Mendoza, MD, CMI-Spanish, IMIA Education Committee Liaison

The selection of these Commissioners aims for diversity. The Commissioners represent different sectors of medical interpreter education, including academic, non-academic, not-for-profit, private, and online programs. Bios are available at <http://www.imiaweb.org/education/accreditationteam.asp>



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Who are the Accreditation Commission Advisory Board Members?

The Accreditation Commission Advisory Board was formed by invitation to well-established experts in the field to work on this project. Expertise was reviewed and approved by the IMIA Executive Board.

- Marjory Bancroft, MA
- Constantina Fronimos-Baldwin, CMI-Spanish
- José García
- Michael O’Laughlin, ThD
- Scott Homler, PhD

The composition of the Accreditation Advisory Board is diverse in that members represent different sectors of medical interpreter education, such as academic, non-academic, not-for-profit, private instructors, and online programs. Bios are available at <http://www.imiaweb.org/education/accreditationteam.asp>



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Accreditation Process Summary

Accreditation Process Summary

1. CMIE receives application and initial payment via online form.
2. Site Auditor and co-auditor are assigned. Initial call of introduction is made by the site auditor.
3. Phase 1: Review of Core Standards. Auditors review the application and the public documents from the candidate's website. Candidate will submit curriculum to site auditor for review. Phase 1 review is completed within 2 weeks of review of candidate's website. Candidate is advised if the Core Standards are met or not.
4. If Core Standards are met: Site visit is scheduled once the website review is completed and curriculum is received. The site visit takes place within 30 days of finishing Phase 1 review.
If Core Standards are not met: The program will submit all requirements within 3 months.
5. Phase 2: Site audit is conducted by the assigned CMIE auditor.
6. Findings of the site audit are discussed with the co-auditor. Auditor submits site visit report to CMIE.
7. Phase 3: The results of the public documents review and the site audit are discussed by CMIE.
8. A letter of decision is written by the CMIE Chair within 30 days of the site audit or on the next monthly meeting. CMIE will either:
 - Issue a Certificate of Accreditation if all of the core standards and 70% of the audited non-core standards are met.
 - Send a letter with brief description of recommendations, underlying factors, documentation and practices that the program needs to improve in order to acquire accreditation status. Candidate institution/organization has 30 days from the date of the letter to make the necessary changes.



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Accreditation Cost

Initial Accreditation Fee:

- Academic* Programs: **\$3000.00**
- Non-Academic* * Programs: **\$2000.00**

Starting August 2014: Phase 1 Fee: \$500.00 (non-refundable)

If Core Standards are met: Pay the remaining fee within 3 months in order to proceed to Phase 2 and Phase 3.

If Core Standards are not met in Phase 1: Candidate may reapply after 3 months to re-enter Phase 1.

Accreditation Maintenance:

- Annual Evaluation: **No fee if no change in the program.**
- 5-Year Re-accreditation: **\$1000.00**

*Academic Program: The program is considered an academic program if the certificate is issued by a college or university.

**Non-academic Program: The program is considered a non-academic program if the certificate of completion is issued by an organization other than a college or university.



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Possible Outcomes of an Accreditation Audit

- **Meets Standards:**

- The program meets 100% of 14 core requirements and 70% of non-core requirements of the *IMIA Accreditation Standards*. (Program receives ACCREDITED status.)
- The Accreditation Commission may review a request for exception from one of the standards based on the unique nature of a specific program.

- **Meets And Exceeds Standards: *Distinguished Status***

- The program meets standards *as above* AND 70% of the *recommended IMIA Accreditation Standards*. (Program receives DISTINGUISHED STATUS.)
- The program may apply for Distinguished Status after the first year of accreditation.

- **Does Not Meet Standards:**

- The program does not adequately meet the requirements of the *IMIA Accreditation Standards*, or insufficient information is available to assess the program. (Program is not accredited)



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Appeal Process

Programs that did not meet the standards may file an appeal if they believe that failing the audit and review process was the result of **one or more** of the following:

1. Extenuating audit circumstances: A 200-word summary of the reasoning needs to be submitted by email.
2. Disagreement with the site visit findings: An indication of the standard/s in question and a copy of the submitted documents must be attached to the email.
3. Unforeseen conditions and/or circumstances that caused the organization to miss the 30-day time period to submit additional documents: A statement of the specific conditions and/or circumstances with proof, if any, needs to be submitted by email.



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Appeal Process

INSTRUCTIONS:

- Accreditation appeals must be submitted by email to Accreditation@imiaweb.org within 30-days of receipt of notification of the Accreditation Commission's initial results.
- Any incident occurring during an audit should be reported to the Accreditation Commission chair immediately. However, failure to do so will not necessarily impact the ability to appeal.
- The Accreditation Commission will reply with an email that it has received your appeal request. If you do not receive this email, we have not received your appeal request.
- Notice of the **final** decision shall be provided to the appellant within 30-business days of submitting the appeal request by email.
- Programs are encouraged to re-apply after 60-days from the date of the final decision.



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14 Core Requirements:

Must be published online and available for public review.

1A-D: Admission Requirements (Main Standards & Other Language/s, Age & Education)

4A: Instructor Qualifications

5A: Curriculum Outline

5B: Duration: Minimum of 40 Hours. Starting January 2016, minimum of 60 hours.

5C: Student Assessment

5G: Interpreting Modes in Curriculum

5H: IMIA Standards of Practice in Curriculum

5I: Interpreting Roles in Curriculum

5J: IMIA Codes of Ethics (at a minimum) in Curriculum

5K: Medical Terminology (minimum of 8 hours)

7B: Exit Exam (written **and** oral exams with a minimum score of 70%)



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Highlights:

- Starting August:
- Phase 1 Fee: \$500.00

- Starting August 2014:
- Accredited programs may apply for distinguished status on their annual evaluation. \$500.00 for review of application for distinguished status.

- Starting January 2016: Newly hired interpreter trainers shall be nationally certified, where certification for the language is available.

- By Jan 1, 2016: 60 hours of curriculum would be required.
- By January 1, 2020: 80 hours of curriculum would be required.



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1. **ADMISSION***

1A Oral Proficiency in the main language of the country

The required oral proficiency for admission shall be posted online. It shall be determined by any ONE of the following:

- Over 5 years of verified professional experience in the main language of the country
- A Bachelor, Masters, PhD, or any other degree from any accredited institution of higher education where the main language is spoken
- Graduation from a high school where the main language is the medium of instruction
- ACTFL Oral Exam administered by a third party (Minimum score: Advanced Mid Level or **equivalent to ILR 2**).
- Validated Third-Party Language Exams (For English, see Appendix I)
 - Equivalent to ACTFL Advanced **Mid-level or ILR 2**
 - Other countries may have exams which will be reviewed on a case-by-case basis



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1. ADMISSION

1B Oral Proficiency in the other language

The required oral proficiency for admission shall be posted online. It shall be determined by any ONE of the following:

- Over five years of verified professional experience in the other language
- Bachelor, Masters, PhD, or any other degree from an institution of higher education where that language is spoken
- Graduation from a high school where the language is the medium of instruction
- ACTFL Oral Exams administered by a third party (Minimum score: Advanced Mid Level or equivalent to ILR 2).
- Validated Third-Party Language Exams
 - Equivalent to ACTFL Advanced Mid-level or ILR 2
 - Other countries may have exams which will be reviewed on a case-by-case basis
 - Minority languages might not be easily tested. They will be reviewed on a case-by-case basis



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1. ADMISSION

1C Minimum educational requirement

- A high school diploma or certificate of equivalency
- *Bachelor's degree recommended*

1D Minimum age requirement

- 18 years of age
- *21 years of age recommended*



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2. ADMINISTRATION

2A Administration of the Program

- The educational program shall demonstrate that resources are in place to manage student administrative needs outside the classroom.
- The program shall maintain a website containing all required public information about the program.
- The program shall be listed in the IMIA Training Directory if it is offered to the public.
- The program shall have been in place for at least one year.
- *The instructor/student ratio shall be noted and recorded. (Recommended.)*

2B Accreditation by International, National, or State Agency

- The training institution may be accredited by an internationally or nationally-recognized, or state agency or agencies (Occupational or postsecondary, onsite or online accreditation).



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2. ADMINISTRATION

2C Referral to Remedial Resources

- A process to refer students to remedial resources (e.g. language or vocabulary reinforcement, accent reduction) shall be in place for students when problems that interfere with the successful completion of the program are identified.

2D *The Program Shall Have a Medical Advisor (Recommendation)*

- A medical advisor is an individual with a degree in medicine or clinical equivalent and who has clinical exposure to diverse populations for at least five years. Includes MD, DO, PA, ARNP.



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3. NOTICES

3A Operational Policies

- The program description, publications, announcements, and advertising shall accurately reflect the program offered and its learning objectives.
- All published materials must have been edited for standard grammatical form and spelling.

3B Published Admission & Recruitment Notice

- Student and instructor recruitment, student admission and graduation, and instructor employment practices shall comply with the institution's policies and shall be posted online.

3C Suspension, Withdrawal, Refund Notice

- Policies and processes for student suspension, withdrawal or refunds of tuition and fees shall be posted online.

3D Student Grievance Notice

- The program or sponsoring institution shall have a defined and made available online policy and procedure for student and instructor grievances.



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3. NOTICES

3E Confidentiality of Student Information

- Provision shall be made for the confidentiality of consumers, students, and instructors associated with educational activities in keeping with national, regional and/or local legal requirements.

3F Certificate of Completion Awards

- Criteria for successful completion of the educational program shall be given in advance to each student. Certificate of Completion shall be given to student after successful completion and passing of requirements. **IMPORTANT:** If student does not meet the requirements, a record of attendance (not a certificate) may be provided via a letter, accompanied by a statement that the student did not pass the criteria for successful completion.

3G Student Records

- Satisfactory records shall be maintained regarding student admission, enrollment, and achievement. Records shall be maintained for at least five years.



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4. INSTRUCTORS*

4A Qualification of Interpreting Instructors

The program shall employ instructors who possess the necessary qualifications to teach interpreting coursework. Instructor qualifications must be posted online, and shall include:

1. Minimum 3 years of experience as a medical interpreter
2. Bachelors Degree or equivalent.
3. Medical Interpreting Training of 40 hours.
4. Adherence to the IMIA Instructor Code of Ethics (Appendix III).
5. Interpreting instructors with less than 3 years of experience as interpreter trainer shall be nationally certified within 18 months of the site audit (for certifiable languages).
6. Cultural competency training and exposure to diverse populations. Instructors shall complete 8 hours of cultural competency coursework within the first year. (Appendix II)
7. Instructors for language-specific programs shall meet the qualifications for instructors which qualifies them to teach in English and their second language.
8. *Train-the-Trainer Certificate (Recommended only, NOT required).*
9. *Each instructor shall have a written plan for continuing professional development (recommended only, NOT required).*



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4. INSTRUCTORS

4B Qualifications of Program Director

- The program shall employ a qualified program director to manage the program who has a demonstrated knowledge and understanding of the IMIA Standards, practices, and accreditation process.

4C Qualifications of Subject-Matter Experts (SMEs) (where applicable)

- The program shall employ qualified subject-matter experts (with minimum of 5 years experience in their specialty and an academic degree in their field of expertise).

4D Qualifications of Preceptors (where applicable)

- The program shall employ qualified preceptors (with a minimum of 3 years experience and medical interpreter training).

4E Qualifications of Language Coaches (where applicable)

- The program shall employ qualified language coaches for language-specific instruction. (with a minimum of 3 years experience and medical interpreter training).



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5. CURRICULUM*

5A The curriculum outline shall be posted online and provide the basis for instruction*

- The program curriculum design will include all learning components, learning objectives, and the competencies to be mastered.

5B Duration of program*

- An educational program that specializes in medical interpreting shall consist of a minimum of 40 classroom hours.
- A community interpreter program which has a medical interpreter component shall devote at least 40 hours of instruction to medical interpreting.
- By Jan 1, 2016: 60 hours required. By January 1, 2020: 80 hours required.

5C Assessment of Students*

- The program will require documented evaluation of students to assess their acquisition of knowledge, problem-solving skills, and interpretation competencies.



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5. CURRICULUM

5D Copyright Compliance

- The curriculum shall be in compliance with copyright laws for instructional materials utilized in the courses.
- If using a third party curriculum, program must present the third-party license and specific curriculum to be taught, along with the license expiration date. The license must be current and maintained throughout the accreditation period.

5E Medical Interpreting as a Specialization

- The program shall seek to establish the view of medical interpreting as a specialization within the field of translation and interpreting.

5F Cultural Competency

- Cultural competency shall be taught reflecting the position of Office of Minority Health, which is: “health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients that can help bring about positive health outcomes.”



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5. CURRICULUM

5G Interpreting Modes*

Programs must teach:

- Skills to accurately interpret consecutively in the medical context.
- Skills to accurately sight translate in the medical context.
- Skills to distinguish and select among the different modes of interpreting (i.e., simultaneous, consecutive, and sight translation) based on the encounter.

5H Medical Interpreter Standards of Practice*

- The medical interpreter standards shall be taught based on IMIA and internationally or nationally-published Standards of Practice for medical interpreters.

5I Interpreter Roles*

- The roles of the interpreter shall be taught based on current IMIA and other internationally or nationally-published Standards of Practice.



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— 5. CURRICULUM

5J Interpreter Code of Ethics*

- IMIA Code of Ethics
- IMIA Guide on Ethical Conduct
- And any other internationally-published medical interpreter code of ethics
- US-Only: RID Code of Ethics (if program is offered to ASL interpreters), NCIHC Code of Ethics
- Areas where medical ethics and interpreter ethics converge and conflict

•5K Medical Terminology (8 hours required, 20 hours recommended)*

- Explanation of prefixes, roots, and suffixes
- Body Systems, Anatomy and Physiology
- Symptoms, Diseases and Disorders
- Diagnostic Tests
- Specialty Terminology
- Abbreviations in healthcare with discussion of the dangers of using abbreviations



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5. CURRICULUM

5L Note-taking - Recommended

Ability to accomplish note-taking during consecutive interpreting.

5M Healthcare Industry

- General knowledge of the healthcare industry in the country of practice (types of clinics/hospitals, primary healthcare professions, patient safety standards)
- General knowledge of health literacy, health disparities and language access
- General knowledge of medical ethics (Do no harm, patient confidentiality, decision-making, healthcare team, etc.)
- Techniques and strategies for communicating effectively in the healthcare setting (positioning, managing communication flow, managing distractions, etc.)

5N Simultaneous Interpretation - Recommended

Ability to interpret accurately simultaneously in the medical context.



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5. CURRICULUM

50 Practicum - Recommended

- A supervised practicum of at least 60 hours shall be an integral part of the educational program.
- The experience shall provide the student with the opportunity for carrying out professional responsibilities under appropriate supervision.
(NOTE: Language neutral practicums will be accepted.)

5P Interpreting Research - Recommended

- Necessity for, and value of interpretation research.
- Essential components of a research protocol.
- Analysis of studies related to interpretation.
- Application of research results to interpretation practice.
- Evaluating research studies for validity and credibility.
- Fact-checking and ability to locate, evaluate and use online sources of information effectively.

5Q Language-Specific Program - Recommended

- *Language-specific program shall teach and evaluate knowledge and skills in the language-pair.*



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6. METHODOLOGY

6A Learning Styles

- Instructional methods shall accommodate different learning styles and based on adult learning principles.

6B Presentation Methods

- Effective presentation methods shall be utilized for content development and mastery.

6C Case Studies

- Case studies shall be utilized as an instructional method.

6D Collaborative Learning

- Group collaborative learning shall be encouraged through group discussion and peer critique.

6E Independent Learning

- Independent learning shall be encouraged through individual additional work.



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6. METHODOLOGY

6F Self-Evaluation

- Self-evaluation shall be encouraged throughout the program.

6G Observation and Reflection

- Supervised observation in the medical setting followed by a report and reflection on the learning experience.



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7. EVALUATION

7A Program Evaluation Plan

- The interpreter educational program shall have a system in place for reviewing its effectiveness and assessing program components and quality.
- An Annual Report shall be submitted to maintain accreditation.

7B Final Assessment of Students*

- The learned knowledge and skill levels of students shall be assessed via final written and oral exams. Final exams shall be graded and shall be an important component of assessment for successful completion. A program passing score of at least 70% shall be maintained.

7C *Utilization of Evaluation Results(Recommended)*

- The program shall systematically use the information obtained in its IMIA evaluations to foster student achievement



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7. EVALUATION

7D Final Student Evaluation of Program

- The program shall perform a final, anonymous evaluation to assess the instructor's effectiveness, the physical/online setting, and the student's overall satisfaction with the program.

7E *Final Evaluation of Practicum (Where Applicable, Recommended)*

- Any student practicum shall be formally evaluated and documented by the practicum supervisor in accordance with program guidelines. This evaluation shall be shared with the student.



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7. EVALUATION

7F Additional Sources of Data (Recommended)

An evaluation of the Program by the IMIA may also consider:

- Surveys of graduates and employers
- Interviews with program graduates
- Data on the evaluation of student performance on state and/or national certification examinations
- Internal and external curriculum validation in consultation with employers, instructors, mentors, students, and graduates



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Appendix I

Validated Language Exams

- ACTFL Oral Exams (American Council on the Teaching of Foreign Languages): Advanced Mid Level
- BEST Plus computer-adaptive assessment: High Intermediate or above.
- CAE (Certificate in Advanced English, Level 4): B
- COPI (Computerized Oral Proficiency Instrument) based on ACTFL rating (Advanced Mid Level)
- CPE (Certificate of Proficiency in English, Level 5): B
- ECPE (Examination for the Certificate of Proficiency in English): PASS
- ELPT (English Language Proficiency Test): 950+
- FCE (First Certificate in English, Level 3): A
- IELTS (International English Language Testing System) 7.0+
- MELAB (Michigan English Language Assessment Battery) 80+
- TOEFL (Test of English as a Foreign Language): 570+ on paper; 230+ computer version; 90+ on iBT.
- Validated language exam equivalent to ILR2 or higher.



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Appendix II

Cultural Competency Resources & Classes

- **Free courses from Office of Minority Health**
- <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>
- **Physician's Guide: 9 Hours**
- <https://cccm.thinkculturalhealth.hhs.gov/default.asp>
- **Nursing Care: 9 Hours**
- https://ccnm.thinkculturalhealth.hhs.gov/GUIs/GUI_CEU_info.asp#
- **Disaster Preparedness: 9 Hours**
- <https://cccdpccr.thinkculturalhealth.hhs.gov/>

Note: According to HHS: During registration, users may select “Statement of Participation” as their certificate and submit it to their licensing body for consideration of credit.



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Appendix III

International IMIA Code of Ethics for Interpreter Educators

<http://www.imiaweb.org/uploads/pages/492.pdf>

IMIA Code for Educators	
1. Competence & Qualifications	7. Professional Boundaries
2. Transparency	8. Conflicts of Interest
3. Professional Development	9. Professionalism
4. Intellectual Property	10. Accuracy
5. Confidentiality	11. Cultural Competence
6. Impartiality	12. Inclusiveness



Appendix IV

Definitions

Academic education: An educational program offered by a Board of Education-accredited college or university.

Bachelor's degree: A 4-year degree from an accredited academic institution. An equivalent 4-year degree may be substituted if awarded by a non-US academic institution.

Certificate Program: A non degree-granting program that offers a medical interpreting curriculum and certificate of completion, but not affiliated with an academic institution.

CMIE-Accredited Program: An educational program that has successfully passed the IMIA-Commission on Medical Interpreter Education (CMIE) Accreditation Audit and meets 100% of the Core Standards, and also 70% of the non-core standards.

College-based Program: Educational program offered in a college or university setting for credit or non-credit hours and/or certificate of completion is issued by a college or university. College-based programs are considered Academic Programs for purposes of accreditation.

Continuing Education: Educational activities and courses or workshops which enhance a professional's knowledge or skills to practice in that field. Completion of a medical interpreter training program is a pre-requisite for attending the continuing education activity.

Distinguished Status: An educational program that has successfully passed the IMIA Accreditation Audit. The educational program not only meets 100% of the Core Standards, and 70% of the non-core standards, but also 70% of the recommended standards.

Hospital-based Program or Healthcare-based Program: An educational program that is offered by a hospital or healthcare facility that may be strictly offered to employees or may be open to the public.



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Language Coach: A qualified interpreter who has been trained to work with an instructor in a classroom with a language-specific content. Language coaches shall be trained medical interpreters, have at least 3 years of medical interpreting experience, and have the necessary materials and glossaries to act in such capacity. A student who speaks the same language pair and serves as a peer-reviewer or practice partner is not a Language Coach.

Language-neutral Program: Learning content is provided and interpreting exercises are guided by a qualified instructor who does not speak the same language pair as the course participants. Peer review, a language coach, or back translation, or other methods may be utilized to assess the participant's demonstration of the knowledge and skills in the other language. Feedback on interpretations rendered is provided by the instructor in only one of the participant's working languages.

Language-specific Program: Learning content and interpreting exercises are conducted in both working languages and the curriculum is delivered by a qualified bilingual instructor or bilingual SME who speaks the same language pair as course participants. Assignments and exercises and testing are completed by participants in both the source and target languages. Feedback from the bilingual instructor or bilingual SME is provided in both working languages.

Licensed Medical Interpreter Program: An educational program developed and copyrighted by a third-party organization that allows the content and curriculum to be taught by an interpreter instructor or other organizations based on specific guidelines.



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Medical Advisor: An individual with a degree in medicine or clinical equivalent and who has clinical exposure to diverse populations for at least five years and is available for consulting on the medical aspects of the interpreter program. A degree in medicine or equivalent includes MD, DO, PA, ARNP.

Medical Interpreter Educational Program: A program of study for interpreters with a minimum of 40-hour classroom content, that prepares students with the knowledge of anatomy and medical terminology, medical interpreting protocols and standards, and tests students on their ability to convey the complete and accurate meaning of speech from the source language into the target language, reflecting real-world medical interpretation tasks and content, and provides a certificate of successful completion.

Medical Interpreter Instructor: A qualified individual who teaches interpreting knowledge and skills, tests, evaluates, and coaches students based on specific learning objectives, and meets the Interpreting Instructor Requirements under Standard 4A.

Medical Interpreting Intern: An individual who has successfully completed a medical interpreter certificate program who undergoes a certain number of hours of supervised interpreting practicum in the healthcare setting.



Non-academic Program: The program is considered non-academic education if the certificate of completion is issued by an organization other than a college or university.

Practicum: A supervised learning experience in a healthcare setting. A practicum shall include a shadowing, a practice, and evaluation component. In order for interpreting interns to participate in practicum, they shall have passed the oral interpreting skills test and have successfully completed a medical interpreting program.

Practicum Supervisor: A qualified administrator in the training organization and/or host organization who coordinates and supervises interpreting interns and preceptors.

Preceptor: A qualified medical interpreter with a certificate in medical interpreting and at least 3 years of experience in the healthcare setting who is shadowed by, supervises, evaluates, and mentors the interpreting intern. The student's practicum shall be formally evaluated and documented by the practicum supervisor and/or preceptor in accordance with program guidelines. This evaluation shall be shared with the student.

Program Director: A qualified individual who manages the interpreter educational program and all other aspects of the educational program.

Subject-Matter Expert (SME): A qualified expert who teaches a specific topic in a medical interpreting program where the interpreting instructor may not have the expertise. SMEs must possess a minimum of a baccalaureate degree or higher in their field of expertise as well as five years of experience in their specialty. (Examples: medical terminology, anatomy, mental health interpreting, cultural competency, simultaneous interpreting, etc.)



INTERNATIONAL MEDICAL
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Questions?

Thank you.

The Accreditation Commission

Accreditation@imiaweb.org

