

TEST SCHEDULING

Workshop and test dates will be scheduled as needed. Usually, the workshop, written test, and performance test will be offered at least once each calendar quarter.

We will advise you by mail at least thirty (30) days before your scheduled test date.

Please note:

- The pre-test workshop is an all day review of the test procedures.
- The written test is offered immediately after the pre-test workshop. In the event the candidate fails the required written ethics test; the candidate may retake the written test at the next pre-test workshop.
- Depending on the candidate's written test results, the HQAS or HQAS+H performance test will be scheduled the following day.
- Candidates who apply for the HQAS test will be scheduled for a two and one half (2.5) hour appointment for the performance test on the following day.
- Candidates who apply for the HQAS+H test will be scheduled for a three and one half (3.5) appointment for the performance test on the following day.
- If two or more candidates on a neighbor island apply, the test administrator may administer the test on their respective island.

Retesting Waiting Periods

Candidate achieves L-II or higher, and seeks a retest attempting an L-III or higher level.	Six months (Three months if requested by a qualified mentor)
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FOR MORE INFORMATION

For more details and/or to schedule your test, contact the HQAS/HQAS+H test administrator at:

TEL/VP: (808) 447-1397, FAX: (808) 586-8129 or

Email: kristine.pagano@doh.hawaii.gov



HAWAII QUALITY ASSURANCE SYSTEM CANDIDATE'S APPLICATION



DISABILITY AND COMMUNICATION ACCESS BOARD
919 ALA MOANA BLVD. ROOM 101
HONOLULU, HI 96814

(808) 447-1397, TEL/VP
(808) 586-8121, TEL/TTY
(808) 586-8129, FAX

<http://www.hawaii.gov/health/dcab>
kristine.pagano@doh.hawaii.gov

Neil Abercrombie, Governor
Loretta J. Fuddy, Director of Health

PURPOSE OF THE TEST

The Hawaii Quality Assurance System (HQAS) test is intended for American Sign Language - English interpreters and transliterators who plan to be professionally employed as an interpreter or in a closely related field within the State of Hawaii.

The HQAS+H includes an optional test on Hawaii Creole English referred to as Pidgin. The +H accompanies the standard HQAS and is designed to assess an interpreter's local language competency with both spoken and sign language styles common in Hawaii. Candidates may not take the +H separately or at a later date.

The HQAS and HQAS+H tests should not be used as a progress assessment tool by sign language students and interpreters who intend to work primarily on the mainland.

The HQAS test administrator may request additional documentation of a candidate's participation in an interpreter-training program or other evidence that the candidate is adequately prepared for professional interpreting.

PRIORITY SCHEDULING

Candidates are usually scheduled on a "first-come, first-served" basis. Interpreters working in the public schools, holding expired certification from Island Skill Gathering, or candidates traveling from neighbor islands, are offered priority scheduling whenever possible.

TESTING FEES

The testing fee for all candidates is \$300.00 per test. This fee includes participation in the pre-test workshop and administration of the written test and HQAS/HQAS+H performance test.

Full payment of the fee must be submitted by cashier's check or money order payable to: Disability and Communication Access Board. Payment must be received with the candidate's application. Candidates who do not submit full payment with their application will not be scheduled for testing. Candidates who fail the written test will not be reimbursed.

APPLICATION FOR WRITTEN AND PERFORMANCE TEST

Name	_____	_____	_____
	Last	First	Middle
Postal Address:	_____		_____
	Street or Mailing Address		Island
	_____	_____	_____
	City	State	Zip
Phone Numbers:	_____		
	Residence	Office or Work	Message or Cell-Phone
	(indicate if TTY/VP)		
Email Address:	_____		Check the box: <input type="checkbox"/> HQAS <input type="checkbox"/> HQAS+H

____ Yes ____ No Do you hold current certification from any organization or agency?

If "yes", please list:

_____	_____	_____
Organization or Agency	Certification Level	Expiration Date

____ Yes ____ No Have you previously taken *any* interpreter screening test, including the HQAS or HQAS+H, that is based on the Kansas Quality Assurance Screening?

If "yes", please list:

_____	_____	_____	_____
Agency and Location	Date Tested	Tape Set Used	Results / Credential

____ Yes ____ No Has your interpreter certification or credential ever been revoked, canceled, rescinded, or otherwise suspended by any agency or organization?

Priority Schedule Request: _____ I am currently interpreting in a Hawaii public school.
_____ I hold an expired Island Skill Gathering local credential.
_____ I am traveling from a Neighbor Island.

I hereby agree to keep confidential all aspects of the HQAS and/or HQAS+H tests for sign language interpreters. This includes of any written test, videotapes, DVDs, or other materials used in the testing process. I agree to hold harmless and indemnify the Disability and Communication Access Board for any and all action or lack of action related in any way to the HQAS/HQAS+H.

Please Sign

\$ _____ Here: _____

Amount Paid Signature Date Signed
