

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, candidates traveling from neighbor islands, or candidates moving to Hawaii 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.

Application for Written and Performance Test

Name: _____
 Last First Middle

Postal Address: _____
 Street or Mailing Address

City State Zip

Phone Numbers: _____
 Residence Office or Work Mobile
 (indicate if TTY/VP)

Email Address: _____ Check the box: HQAS HQAS+H

_____ Yes _____ No Did you graduate from an ASL/English Interpreter Training Program?
 If yes, please check all that apply: _____ College/University
 AA BA MA Ph.D. _____

_____ 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?
 If yes, please list: _____
 Agency and Location Date tested 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_____ Yes _____ No Has your interpreter certification or credential ever been revoked, canceled, rescinded, or otherwise suspended by any agency or organization?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 am traveling from a Neighbor Island.
 _____ I am moving from another state.
 Name of state _____

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: _____
 Amount Paid Signature Date Signed

Testing Fees Continued

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.

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)

For more details and/or to schedule your test, contact the HQAS Test Administrator at:

TEL: (808) 586-8121

FAX: (808) 586-8129

Email: dcab@doh.hawaii.gov

Hawaii

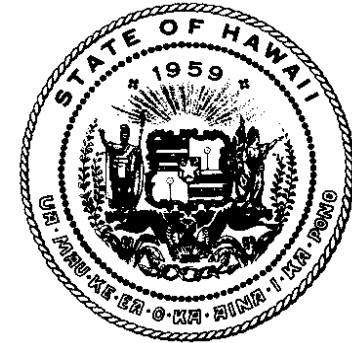
Quality



Assurance

System

Candidate Application



Disability and Communication Access Board
1010 Richards Street, Room 118
Honolulu, HI 96813
Phone: (808) 586-8121
Fax: (808) 586-8129
<http://health.hawaii.gov/dcab/>