

**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 and do not hold a national certification.

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 \$360.00 per test. This fee includes participation in the administration of the HQAS performance test and the Code of Professional Conduct Ethics Written 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.

**Application for HQAS Performance Test**

Name: \_\_\_\_\_  
 Last First Middle

Mailing Address: \_\_\_\_\_  
 Street or P.O. Box

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

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

Email Address: \_\_\_\_\_

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\_\_\_\_\_ Yes \_\_\_\_\_ No Has your interpreter certification or credential ever been revoked, canceled, rescinded, or otherwise suspended by any agency or organization?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

\$ \_\_\_\_\_ Please Sign: \_\_\_\_\_  
 Amount Paid Signature Date Signed

## Test Scheduling

Test dates will be scheduled as needed. Contact the Disability and Communication Access Board to schedule a date.

### Please note:

- There will be a brief introductory period on the day of the test.
- The performance portion will be scheduled for a two and one half (2.5) hour appointment.
- If two or more candidates on a neighbor island apply, the test administrator may administer the test on their respective island.
- Evaluators have 10-12 weeks to evaluate and return an applicant's test.
- Upon receiving the evaluators' scores, applicant will need to schedule a date and time to view the Code of Professional Conduct (CPC) Video and complete the written ethics test.
- The Hawaii State Sign Language Interpreter Credential (HSSLIC) will be given to the interpreter upon completion of the CPC video viewing and the written ethics test.
- Interpreters who complete the HQAS are placed in a HSSLIC Tier and are enrolled in the Continuing Education Program to maintain their credential.

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

Colin Whited  
VP: (808) 829-3641  
FAX: (808) 586-8129

Email: [colin.whited@doh.hawaii.gov](mailto:colin.whited@doh.hawaii.gov)

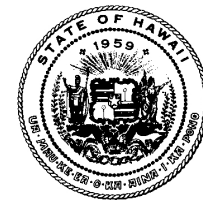
# Hawaii

# Quality

# Assurance

# System

## Candidate Application



Disability and Communication Access Board  
1010 Richards Street, Room 118  
Honolulu, HI 96813  
Phone: (808) 586-8121  
TTY: (808) 586-8162  
Fax: (808) 586-8129  
<http://health.hawaii.gov/dcab/>