

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 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:
☐ AA ☐ BA ☐ MA ☐ Ph.D. College/University

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Has your interpreter certification or credential ever been revoked, canceled, rescinded, or otherwise suspended by any agency or organization?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.

\$ 360.00

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 CPC test.
- The Hawaii State Sign Language Interpreter Credential (HSSLIC) will be given to the interpreter upon completion of the CPC video viewing and the CPC 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:

Justin "Pono" Tokioka
Email : justin.tokioka@doh.hawaii.gov
Phone/VP : (808) 458-5902

OR

Email:
dcab@doh.hawaii.gov
scott.castor@doh.hawaii.gov

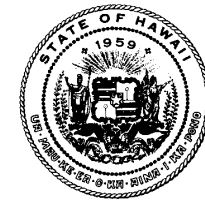
Hawaii

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/>