



Interpretive Services
Services

Virginia Medical Interpreter Training Grants Contract



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The Virginia Medical Interpreter Training Grants were established to build capacity statewide to deliver linguistically appropriate healthcare services and communicate with limited English proficient (“LEP”) individuals in the event of a public health emergency. Funds are being made available to provide full tuition reimbursement to a limited number of bilingual individuals each year who wish to be trained as medical/healthcare interpreters through an authorized Virginia course provider. Applicants must have passed a proficiency testing assessment in a language of the course seeking.

This contract is for the Virginia Medical Interpreter Training Grants (hereinafter referred to as *Program*). An applicant becomes a *Participant* in the *Program*, only upon the applicant and the Virginia Department of Health, *Office of Minority Health and Public Health Policy (OMHPHP)* entering into this written contract.

The terms and conditions of participating in the *Program* are set forth below.

Section I. TERMS OF CONTRACT

The *Participant* and the *OMHPHP* agree to the following terms:

TRAINING GRANT AMOUNT. The Training Grant shall be for the actual amount charged by an authorized Virginia course provider for the medical interpretation classes and is subject to the availability of funds from the Virginia Department of Health, Office of Minority Health and Public Health Policy. The training grant shall be for the actual amount charged, not to exceed \$550.00.

A. OBLIGATION OF THE PARTICIPANT. The *Participant* agrees to:

1. Accept a training grant in lieu of actual payment at the time of enrollment in an authorized medical/health care interpretation course in an authorized course provider.
2. Demonstrate successful completion of the medical/health care interpretation course as defined by the following:
 - Attending all 40 hours of the course
 - Passing the course final exam with a score of 80% or higher
 - Receiving a “Certificate of Successful Completion” from the course provider
3. Provide 40 hours of community service as a volunteer medical/health care interpreter services to an authorized Virginia healthcare safety net provider site.
4. Submit documentation of community service hours performed on the 7th of each month to the BRAHEC until all service hour obligations are fulfilled.

5. Provide emergency interpretation service assistance in the event of a public health emergency (e.g., floods, hurricanes, epidemics, terrorist attacks) within twelve months of course completion.
6. Participant shall make available name, updated contact information, training expertise area and availability information for database that will be utilized by public health emergency planning entity/entities.
7. If the *Participant* is unable to fulfill the community service hour obligations within the required timeframe, the *Participant* must request in writing and receive approval for an extension by the *OMHPHP* prior to the date the service hours are expected to have been completed.
8. Repay to the *Program* the amount paid by the *Commonwealth* on behalf of the *Participant*, as specified in Section II., *Breach of Written Training Grant Contract*, if the *Participant* fails to meet the terms of this contract.

Section II. BREACH OF WRITTEN TRAINING GRANT CONTRACT

The *Participant* shall be considered in breach of contract for any of the following reasons:

- A. *Participant* fails to complete their service obligation under the terms and conditions of this contract.
- B. *Participant* receives funding for the course but fails to complete the course with a final exam of 80% or higher and receive a "Certificate of Successful Completion" from the course provider.
- C. *Participant* falsifies or misrepresents information on the application or other required documentation.
- D. The *Participant* performs community service hours at an unauthorized site without first obtaining approval by the *OMHPHP*.
- E. The *Participant* fails to complete the required community service hours within twelve months of course completion without obtaining approval for an extension by the *OMHPHP*.

In the event of a breach of contract, the *Participant* shall be liable to the Commonwealth of Virginia (hereinafter referred to as *Commonwealth*) for the total amount paid by the *Commonwealth* to the authorized Virginia course provider for the training course provided to the participant.

- A. The full amount the Commonwealth is entitled to recover shall be paid within one year of the date of the *OMHPHP* determines that the *Participant* is in breach of this written contract. If payment in full is not paid within one year of the date it is determined to be due, interest will accrue at rate of the due date.
- B. If the financial damages owed the *Commonwealth* are delinquent for more than three months after the due date, the *OMHPHP* may refer the debt to one or all of the following: collection agency, Debt Set-Off Program through the Department of Taxation, Office of the Attorney General, and the appropriate credit reporting agencies.

Section III. CANCELLATION, SUSPENSION, AND WAIVER OF OBLIGATION

- A. Any service or payment obligation incurred by the *Participant* under this contract will be canceled upon the *Participant's* death.
- B. The OMHPHP may waive/suspend the *Participant's* service or payment obligation incurred under this contract if the *Participant's* compliance with the terms and conditions of this contract is impossible; or would cause extreme hardship. The *participant* needs to submit a request to the OMHPHP to waive/suspend attached with supporting documents.

The Participant and the *OMHPHP designee* must sign this contract before it becomes effective. Participant signature indicates that he/she agree to comply with all the terms and conditions of this contract.

_____	_____
Printed Full Name of Participant	Social Security Number
_____	_____
Participant's Signature	Date
_____	_____
Printed Name of OMHPHP Designee	
_____	_____
Signature of OMHPHP Designee	Date

Contract Contact Information:

Office of Minority Health and Public Health Policy (OMHPHP)
Virginia Department of Health
Division of Health Equity
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