

## Creating your Health Care Interpreter workforce account on the Health Workforce Registry Applicant Portal, step-by-step

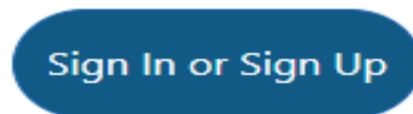
After your application has been approved, you will receive an invitation to create an account login. You will be able to review your account profile and application.

Here are the steps on how to create an account on the registry.

1. Go to this link <https://healthworkforceregistry.oregon.gov>.
2. Click “sign in” or “**Sign Up**”.



3. If you have not created an account yet, click “**Sign Up**”.



4. Enter your email address and create a password.

[Home](#) / [Sign In](#)

**Sign in with your email address**

Don't have an account? [Sign up now](#)

**Email Address (Required)**

**Password (Required)**

Remember me?

[Sign in](#)

[Forgot your password?](#)    [Resend Email Confirmation](#)    [Forgot your email address?](#)

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5. After entering email address and creating password, click the **Sign-Up** button

[Home](#) / [Sign Up](#)

**Sign Up**

**Email Address (Required)**

**Password Requirements**

- Minimum 8 characters
- Must have a least one number
- Must have at least one uppercase letter
- Must have at least one lowercase letter
- Must have at least one of the following special characters: !@#%&\*~\_{}|'+-=>?>:;'

**Password (Required)**

**Confirm Password (Required)**

[Sign Up](#)

[Back to Log In](#)

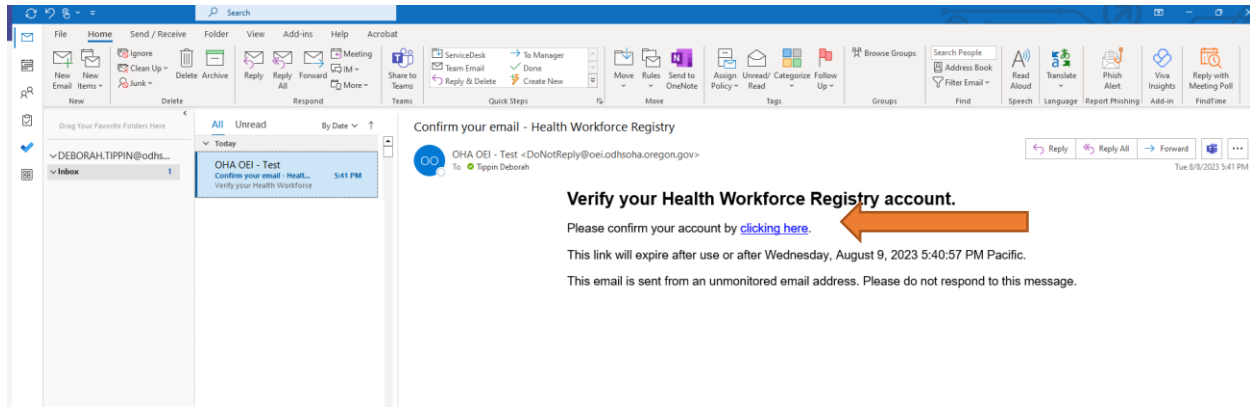
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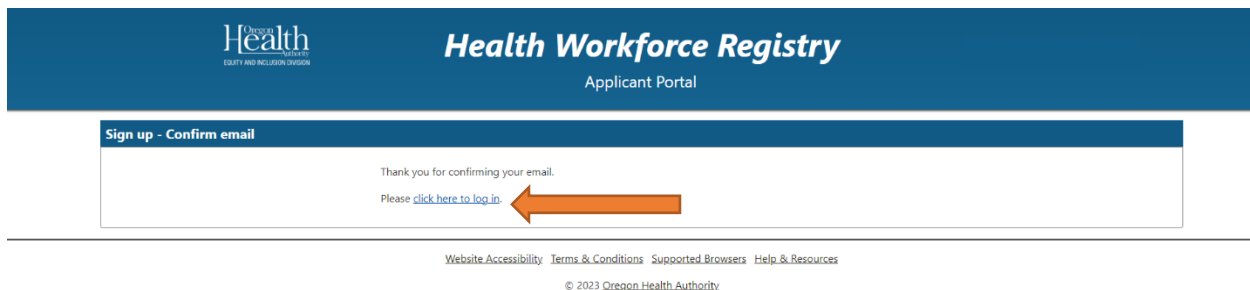
6. You will receive an email with a link sent to the email address you entered when you signed up for your account. **Click the link** you received to confirm.



7. After confirming, it will take you back to the Health Workforce Applicant Registry Portal.



8. Click Here to Log In



9. Log in with the email and password created.

Don't have an account? [Sign up now](#)

Email Address (Required)

Password (Required)

Remember me?

[Sign in](#)

[Forgot your password?](#) [Resend Email Confirmation](#) [Forgot your email address?](#)

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10. Click the **Sign In** button!

11. You will get an option to select whether you want to protect your account or not.

[Sign Out](#)

**Protect Your Account**

You can protect your account by enabling additional identity verification during sign-in, such as entering a code received via email or phone.

Please select which additional verification you want to enable for your account (Required)

None

Email

Phone (SMS)

[Cancel](#) [Save Selection](#)

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12. If you to select NONE or other options, click **Save Selection** button.

**Protect Your Account**


You can protect your account by enabling additional identity verification during sign-in, such as entering a code received via email or phone.

Please select which additional verification you want to enable for your account (Required)

None 

Email


Phone (SMS)

[Cancel](#) [Save Selection](#) 

13. If it's your first time creating an account, you will click "No- I Need to Create a New Account".

**New Login - Confirm New or Existing Account**

Have you ever been on the registry?

[Yes - Help me find my account](#) [No - I need to create a new account](#) 

14. Sign In with the email address and password that you entered when you created your account. Click Sign In


**Sign in with your email address**

Don't have an account? [Sign up now](#)

**Email Address (Required)**

**Password (Required)**

Remember me?

[Sign in](#) 

[Forgot your password?](#) [Resend Email Confirmation](#) [Forgot your email address?](#)

15. It will take you to a new page where you will be required to enter your contact information. You will be required to upload a valid government ID to your profile. Click **“Save and Continue”**.

16. Now you will be taken to a new page where you will be required to enter your mailing address and other information. Click **“Save and Continue”**.

The screenshot displays the 'Health Workforce Registry' Applicant Portal. The page title is 'New Account Profile - Contact Information' and it is 'Step 1 of 10'. The form contains the following sections:

- Welcome!** There are 10 steps that need to be completed to set up your account. You will need to complete these steps before you can access the services provided by this portal.
- Email Address:** dshrubtigger@idaho.state.us
- First Name (Required):** [Text input field]
- Middle Name:** [Text input field]
- Last Name (Required):** [Text input field]
- Phone Number (Required):** [Text input field]
- Alternate Phone Number:** [Text input field]
- Other Names Used:** [Text input field]
- Date of Birth (Required):** [Month/Day/Year dropdowns]
- Make the following information available on the Registry. Check all that apply:**
  - Home
  - Work Address
  - Home Number
  - Mailing Address
  - None
- Upload a Valid ID (Required):** The ID should be a Driver's License, Passport, or Government Issued ID.
  - Scan or Photograph of ID:** [Image upload area]
  - ID Issue Date (Required):** [Month/Day/Year dropdowns]
  - ID Expiration Date (Required):** [Month/Day/Year dropdowns]

A red arrow points to the **Save & Continue** button at the bottom of the form.

17. You will now be asked to create two security questions. Click **“Save and Continue”**.

**Health Workforce Registry**  
Applicant Portal

Verify Account Profile - Security Questions Step 3 of 10

Select two security questions below. These questions will help us verify your identity, should we need to.

**Security Question 1 (Required)**  
What city were you born in?

**Answer 1 (Required)**  
Atlanta

**Security Question 2 (Required)**  
What is the name of your favorite pet?

**Answer 2 (Required)**  
Spot

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18. Now select which counties for which you will be providing services. Click **“Save and Continue”**.

**Health Workforce Registry**  
Applicant Portal

Verify Account Profile - County Availability Step 4 of 10

Select the checkbox for each county you will serve.  
Checking 'Select All Counties' will select all the county checkboxes at once.

Select All Counties

Counties

<input checked="" type="checkbox"/> Baker	<input checked="" type="checkbox"/> Lake
<input checked="" type="checkbox"/> Benton	<input checked="" type="checkbox"/> Lane
<input checked="" type="checkbox"/> Clackamas	<input checked="" type="checkbox"/> Lincoln
<input checked="" type="checkbox"/> Clatsop	<input checked="" type="checkbox"/> Linn
<input checked="" type="checkbox"/> Columbia	<input checked="" type="checkbox"/> Malheur
<input checked="" type="checkbox"/> Coos	<input checked="" type="checkbox"/> Marion
<input checked="" type="checkbox"/> Crook	<input checked="" type="checkbox"/> Morrow
<input checked="" type="checkbox"/> Curry	<input checked="" type="checkbox"/> Multnomah
<input checked="" type="checkbox"/> Deschutes	<input checked="" type="checkbox"/> Polk
<input checked="" type="checkbox"/> Douglas	<input checked="" type="checkbox"/> Sherman
<input checked="" type="checkbox"/> Gilliam	<input checked="" type="checkbox"/> Tillamook
<input checked="" type="checkbox"/> Grant	<input checked="" type="checkbox"/> Umatilla
<input checked="" type="checkbox"/> Harney	<input checked="" type="checkbox"/> Union
<input checked="" type="checkbox"/> Hood River	<input checked="" type="checkbox"/> Wallowa
<input checked="" type="checkbox"/> Jackson	<input checked="" type="checkbox"/> Wasco
<input checked="" type="checkbox"/> Jefferson	<input checked="" type="checkbox"/> Washington
<input checked="" type="checkbox"/> Josephine	<input checked="" type="checkbox"/> Wheeler
<input checked="" type="checkbox"/> Klamath	<input checked="" type="checkbox"/> Yamhill

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19. Select work availability, days, and time. Click **“Save and Continue”**.

## Verify Account Profile - Schedule Availability

Step 5 of 10

Select the checkbox for each day of the week you are available to work. Checking 'Select All Days' will select all the day checkboxes at once.

Select All Days

### Days

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Select all the hours you are available to work. Checking 'Select All Hours' will select all the hour checkboxes at once.

Select All Hours

### Hours

- 7 a.m. - 3 p.m.
- 3 p.m. - 11 p.m.
- 11 p.m. - 7 a.m.
- Morning
- Evening
- Full-Time
- Part-Time
- Temporary

[Back](#) [Save & Continue](#)



20. Select languages, spoken and read. Click “Save and Continue”.

## Verify Account Profile - Languages (Read and Spoken)

Step 6 of 10

### Languages (Read and Spoken)

<input type="checkbox"/> African Languages Enter African Languages <input type="text"/>	<input type="checkbox"/> Mexican Indigenous Language Enter Mexican Indigenous Languages <input type="text"/>
<input type="checkbox"/> Arabic Enter Arabic Languages <input type="text"/>	<input type="checkbox"/> Wilei
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mon Khmer, Cambodian
<input type="checkbox"/> Chinese Enter Chinese Languages <input type="text"/>	<input type="checkbox"/> Persian
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Romanian
<input type="checkbox"/> English	<input type="checkbox"/> Russian
<input type="checkbox"/> French	<input type="checkbox"/> Scandinavian Enter Scandinavian Languages <input type="text"/>
<input type="checkbox"/> German	<input type="checkbox"/> Sign Language Enter Sign Languages <input type="text"/>
<input type="checkbox"/> Guatemalan Indigenous Language Enter Guatemalan Indigenous Languages <input type="text"/>	<input type="checkbox"/> Slavic Enter Slavic Languages <input type="text"/>
<input type="checkbox"/> Hindi	<input type="checkbox"/> Somali
<input type="checkbox"/> Hmong	<input type="checkbox"/> Spanish Enter Spanish Languages <input type="text"/>
<input type="checkbox"/> Indic Enter Indic Languages <input type="text"/>	<input type="checkbox"/> Swahili
<input type="checkbox"/> Italian	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai
<input type="checkbox"/> Korean	<input type="checkbox"/> Urdu
<input type="checkbox"/> Lao	<input type="checkbox"/> Vietnamese Enter Vietnamese Languages <input type="text"/>
<input type="checkbox"/> Mandarin	<input type="checkbox"/> Other Enter Other Languages <input type="text"/>
<input type="checkbox"/> Marshallese	

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The demographic section questions are optional. Please save each entry after you make your selection.

21. Select your race and ethnicity. Click **“Save and Continue”**.

**Health Workforce Registry**  
Applicant Portal

Verify Account Profile - Race and Ethnicity Step 7 of 10

How do you identify your race, ethnicity, tribal affiliation, or ancestry?  
White

Which of the following describes your racial or ethnic identity? (Please check all that apply.)

**American Indian or Alaska Native**

- Alaska Native
- American Indian
- Canadian Inuit, Métis or First Nation
- Indigenous Mexican, Central American or South American

**Hispanic or Latino/a**

- Hispanic or Latino Central American
- Hispanic or Latino Mexican
- Hispanic or Latino South American
- Other Hispanic or Latino

Enter Other Hispanic or Latino:

**Asian**

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Enter Other Asian:

**Black or African American**

- African (Black)
- African American
- Caribbean (Black)
- Other Black

Enter Other Black:

**Middle Eastern/Northern African**

- Middle Eastern
- Northern African

**White**

- Eastern European
- Slavic
- Western European
- Other White

Enter Other White:

**Other Categories**

- Other
- Do not know/Unknown
- Decline/Will not answer

Enter Other:

Which ethnicity best represents your racial or ethnic identity?  
(select an item)

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22. Select gender and orientation. Click **“Save and Continue”**.

**Health Workforce Registry**  
Applicant Portal

Verify Account Profile - Gender and Orientation Step 8 of 10

**Gender**  
Female

Please specify 'Other' Gender

**Orientation**  
Other

Enter 'Other' Orientation (Required)  
pansexual

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23. Preferred contact language, spoken and written. Click **“Save and Continue”**.

**Health Workforce Registry**  
Applicant Portal

**Verify Account Profile - Language** Step 9 of 10

In what language do you want us to speak with you?

In what language do you want us to write to you?

Do you need an interpreter? (Required)  
 Yes  No

Do you need an interpreter because you are deaf, hard of hearing, or deaf-blind? (Required)  
 Yes  No  
If yes, interpreter is needed, which type of interpretation is needed (American Sign Language, video remote interpreting (VRI), tactile interpreting, etc.)?

Do you need written materials in an alternate (Braille, large print, audio recordings, etc.) format? (Required)  
 Yes  No  
If yes, you need written materials in alternate format, enter which format.

How well do you speak English? (Required)  
 Do Not Know  Very Well  Well  Not Well  Not At All

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24. Answer disability questionnaire. Click **“Save and Continue”**.

Verify Account Profile - Disability Questions

Step 10 of 10

Does a physical, mental, or emotional condition limit your activities in any way? (Required)  
 Yes  No  Do not Know  Decline to Answer  
If yes, at what age did the condition begin?

Are you deaf or do you have serious difficulty hearing? (Required)  
 Yes  No  Do not Know  Decline to Answer  
If yes, at what age did the condition begin?

Are you blind or do you have serious difficulty seeing, even when wearing glasses? (Required)  
 Yes  No  Do not Know  Decline to Answer  
If yes, at what age did the condition begin?

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, understanding, or making decisions? (Required)  
 Yes  No  Do not Know  Decline to Answer  
If yes, at what age did the condition begin?

Do you have serious difficulty walking or climbing stairs? (Required)  
 Yes  No  Do not Know  Decline to Answer  
If yes, at what age did the condition begin?

Do you have difficulty dressing or bathing? (Required)  
 Yes  No  Do not Know  Decline to Answer  
If yes, at what age did the condition begin?

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (Required)  
 Yes  No  Do not Know  Decline to Answer  
If yes, at what age did the condition begin?

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25. Now you will be routed to the Workforce Registry Application portal. You will now be able to view your account profile, credentials, certification, and previous documentation in your registry profile including any past determination letters if any are available.

### Serving Traditional Health Workers and Health Care Interpreters

#### Announcement

This section will display important announcements. This could be training, seminars, workshops, or OE events. [Google Link](#)



#### Applicant Activities

- [View Open Applications](#) >
- [View Active Applications](#) >
- [View Application History](#) >
- [View Credentials and Certifications](#) >



#### Introduction

Apply, Renew or track your applications, certifications and credentials here. Use the Quick Links to find more resources, training, link to the public search registry or contact us. This content is dynamic and can be changed by the business.



#### Quick Links

- [Training Organizations and Programs for THW](#) >
- [Deborah's Email - Tech Support](#) >