



## Checklist for **Medical Interpreting** as an Independent Contractor with Partners in Communication LLC

All items to be sent to [medicaldocs@partnersincommunicationllc.com](mailto:medicaldocs@partnersincommunicationllc.com)

**Please note that all medical documents will need to be in a format that shows your full name, date of birth, vaccination + date administered and/or tested**

- Current Resume
- Background Check: This is done through *Reliable Background Check*. Once you confirm you are ready to go through the background screening process, confirm with *Partners* and we will send you a secure link to complete the contracted package.  
**Please note the link will expire after 5 days. Required once.**
- Drug Screening: This is done through *Reliable Background Check*. Once you confirm you are ready to go through the drug screening process, confirm with *Partners*, and we will send you a secure link to complete the contracted package.  
**Please note the link will expire after 5 days. Required once.**

*Background/Drug screening note: Certain medical clients have specific passthrough requirements for interpreters, including background checks, drug screenings, and up-to-date medical histories, which will incur fees. These requirements are essential for assignments with these clients but are not mandatory for general work at Partners. Please note that these passthrough requirements apply only to jobs with these particular clients and are not standard for all Partners assignments.*

*Drug screening note: An 10-drug panel, which must include testing for amphetamines, benzoylecgonine (cocaine), cannabinoids (marijuana), opiates, phencyclidine, barbiturates, benzodiazepines, propoxyphene, methadone, oxycodone, and meperidine is required.*

- Digital Photo: Used for ID badge to be worn to all medical assignments. **Required once.**

- RID Certification: Please go to the link on the RID website to get a copy of the image or a link that can be shared with us.  
<https://rid.org/certification/credly-digital-credentials/>. **Required annually.**
- CEU Transcript: download and send a PDF copy of your transcript from the RID website. There is a link in your membership profile at  
<https://myaccount.rid.org/Profile/Default.aspx>. **Required annually.**
- Medical Training – a short web-based training will satisfy this requirement. The amount of CEU credit needed is .5. Partners will reimburse up to \$40.00 annually to offset this cost. Proof of this can be shared with a certificate of completion or on your CEU transcript. **Required annually.**
- Insurance: All interpreters who work with Partners must carry liability insurance. Send proof of insurance certificate to [icdocs@partnersincommunicationllc.com](mailto:icdocs@partnersincommunicationllc.com). **Required annually.**
- TB Skin Test: Test results form is **Required annually.**
- Flu Shot or Declination of Shot: Request declination form from Partners if you would like to decline. **Required annually.**
- Hepatitis B: Proof of a 3-shot series of vaccinations. Results must include dates, clinic contact information, OR proof of antibodies from a blood test. **Everyone** must do a Hepatitis B surface antibody blood. **Required once.**

Additional requirements / Hepatitis B vaccinations:

Document Vaccinations (3-part series); 1st and 2nd vaccinations, at least one month apart; 2nd and 3rd vaccinations, at least five months apart.

\*Additionally, Hepatitis B surface antibody blood test positive titer. If you test positive for Hepatitis B, you must complete a declination form. Below are three options for submitting a declination letter for vaccinations PLUS Hepatitis B Surface Antibody blood test titer:

*Option 1*

\*Proof of 3 vaccinations

\*Positive Hep B Surface Antibody test and declination letter for vaccinations.

*Option 2*

\*Positive Hep B Surface Antibody test and declination letter for vaccinations.

*Option 3*

\*Negative Hep B Surface Antibody test and declination letter for vaccinations.

- Measles, Mumps, and Rubella (MMR): Proof of MRR Vaccination or booster shots. Blood test results indicating positive antibodies are also acceptable. **Required once.**
- Varicella (Chicken Pox): Proof of vaccination or proof of disease history documented by a physician. Blood test results indicating positive antibodies are also acceptable. **Required once.**
- Tetanus, Diphtheria, and Pertussis (TDAP): Documentation of TDAP vaccination after age 10 or requesting a declination form from *Partners* if you would like to opt-out. **Required once every 10 years.**
- Visitation Policy for Kaiser: We provide the policy; you sign and return to us. **Required Annually.**
- BAA Agreement:  
<https://partnersincommunicationllc.com/2020-business-associate-agreement/>  
**Required Initially and again when updated.**

**Links to forms**

**Kaiser Visitation form:**

<https://partnersincommunicationllc.com/wp-content/uploads/2018/09/Kaiser-Visitation-form.pdf>

**Tdap Declination form:**

<https://partnersincommunicationllc.com/wp-content/docs/Tdap-Vaccine-Declination-Form.pdf>

**Hep B Declination form:**

<https://partnersincommunicationllc.com/wp-content/uploads/2018/09/Hep-3-declination-form.pdf>

**Flu Declination form:**

<https://partnersincommunicationllc.com/wp-content/uploads/2018/09/Flu-Denial-Digital-copy-1.pdf>

