Print Form

STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)
APPLICATION FOR 2014 RENEWAL OF CERTIFICATION

1500 Southridge Dr., Suite 201
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

PURPOSE OF FORM: This form is to be used by interpreters who are certified in the Missouri Interpreters Certification System (MICS) to verify that they have met their annual CEU requirements and to apply for renewal of their certification.

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee *($15.00 Renewal and CEU Processing Fee)* to MCDHH, 1500 Southridge Dr., Suite 201, Jefferson City, MO 65109. Fee payment must be in the form of a cashier's check or money order made payable to "MCDHH/BCI Fund". **NO PERSONAL CHECKS WILL BE ACCEPTED.** Attach copies of the certificates verifying that you have met the CEU requirements as detailed in 5 CSR 100-200.130.

I. APPLICANT INFORMATION

NAME ADDRESS	SOCIAL SECURITY NUMBER TELEPHONE NUMBER

PLEASE USE YOUR MOST CURRENT CONTACT INFORMATION. IF ANY INFORMATION HAS CHANGED, PLEASE MAKE A NOTE OR HIGHLIGHT. PLEASE PRINT CLEARLY AND LEGIBLY, YOUR CONTACT INFORMATION WILL BE UPDATED IN OUR RECORDS.

Setting(s) I predominantly interpret in are ...
___ Medical ___Mental Health ___Legal ___VRS ___Performing Arts ___Business ___Freelance
___ Education (Pre K-12) ___ Education (Post Secondary)

I. CERTIFICATION INFORMATION

DID YOU BECOME CERTIFIED FOR THE FIRST TIME ON OR AFTER November 1, 2013? September 1, 2014? ☐ YES ☐ NO IF YES, WHEN?_____	NUMBER OF CEUs EARNED

III. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:

I have personally completed the forgoing application truthfully, completely and without omission;
The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;
I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and or any other testing material;
I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and
I make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	DATE

Notary Public Embossed Seal Or Stamp	STATE	COUNTY *(Or City Of St. Louis)*
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	
	NOTARY PUBLIC SIGNATURE	My Commission Expires
	NOTARY PUBLIC NAME *(Typed Or Printed)*	

FOR OFFICE USE ONLY

Date Received	Number Of CEUs Earned	Fee Paid	Money Order/Cashier's Check Number	Received By

IMPORTANT INFORMATION PLEASE READ:

ENVELOPE CONTAINING APPLICATION **MUST BE POSTMARKED ON OR BEFORE DECEMBER 2, 2014** OR YOUR CERTIFICATION WILL BECOME INVALID. IF SUBMITTED AFTER DECEMBER 2, 2014 PLEASE SUBMIT THIS FORM, DOCUMENTATION OF CEU's EARNED, A COMPLETED APPLICATION FOR REINSTATEMENT FORM AND APPROPRIATE FEES ($15 CEU RENEWAL AND $60 REINSTATEMENT). LATE RENEWAL APPLICATIONS WILL NOT BE ACCEPTED AFTER DECEMBER 1, 2015.