



STATE OF MISSOURI
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)
 APPLICATION FOR PROVISIONAL CERTIFICATE IN EDUCATION

3216 Emerald Lane– Suite B
 Jefferson City, MO 65109
 (573) 526-5205 (V/TTY)

PURPOSE OF FORM: This form is to be used to apply for a Provisional Certificate in Education in the Missouri Interpreters Certification System (MICS).

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee (\$60.00 Application, Provisional Certificate in Education Fee), to MCDHH, 3216 Emerald Lane– Suite B, Jefferson City, MO 65109. Fee payment must be in the form of either a cashier’s check or money order made payable to “MCDHH/BCI Fund”. **NO PERSONAL CHECKS WILL BE ACCEPTED.**

I. APPLICANT INFORMATION

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
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II. CERTIFICATION INFORMATION

I am not currently certified. I have submitted a completed application to the State Committee of Interpreters to obtain a license. I have submitted completed application to the Board for Certification of Interpreters to test in the Missouri Interpreters Certification System.

I currently hold the following valid MICS certification NOVICE APPRENTICE (ATTACH COPY OF CARD)

I currently hold a valid license issued by the Missouri State Committee of Interpreters
 License # _____ (ATTACH COPY OF LICENSE)

III. PUBLIC SCHOOL DISTRICT (EMPLOYER INFORMATION)

A Provisional Certificate in Education shall be limited to providing interpreting services in preschool, elementary and secondary school settings or as allowed by any other valid Missouri certification or license held by the individual above. A Provisional Certificate in Education may be revoked by the board if the person makes any misrepresentations or fails to fulfill any commitment made pursuant to 209.321 RSMo, or violates the provisions of section 209.317 or 209.334, or breaks any of the ethical rules of conduct for interpreters as established by state rule, or fails to obtain the necessary continuing education units required for certification maintenance.

START DATE OF SCHOOL YEAR (MM/DD/YY) _____ END DATE OF SCHOOL YEAR (MM/DD/YY) _____

NAME OF PUBLIC SCHOOL DISTRICT WHERE EMPLOYED _____

NAME OF PUBLIC SCHOOL ADMINISTRATOR _____ TELEPHONE NUMBER OF ADMINISTRATOR _____

III. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state as follows:
 I have personally completed the foregoing 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 Notary Public Embossed Seal Or Stamp	SIGNATURE OF APPLICANT	DATE
	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	PCED Start Date	PCED End Date	Fee Paid	Money Order/Cashier’s Check Number	Received By
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Verified Application With State Committee Of Interpreters (Date And Initials)