



STATE OF MISSOURI
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)
APPLICATION FOR REINSTATEMENT 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 to apply for reinstatement of their certification in the Missouri Interpreters Certification System (MICS).

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee (\$60.00 Application, Reinstatement Fee) to MCDHH, 1500 Southridge Dr., Suite 201, 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

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

I AM APPLYING FOR REINSTATEMENT FOR THE FOLLOWING REASON:

- FAILURE TO SUBMIT REQUIRED CEUs (EARNED BY NOVEMBER 2 AND SUBMITTED BY DECEMBER 2)
- OTHER (PLEASE EXPLAIN) _____

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

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| 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

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|---------------|----------|------------------------------------|-------------|
| Date Received | Fee Paid | Money Order/Cashier's Check Number | Received By |
|---------------|----------|------------------------------------|-------------|