STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)

APPLICATION FOR WRITTEN TEST

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

PURPOSE OF FORM: This form is to be used by an interpreter to either apply to take the written test in the Missouri Interpreters Certification System (MICS) or have the results of a written test from another certifying organization recognized by the BCI.

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee *(see below),* 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.**

I. APPLICANT INFORMATION

NAME *(PRINT IN FULL, INCLUDING MIDDLE INITIAL)*	SOCIAL SECURITY NUMBER

II. WRITTEN TEST INFORMATION

PLEASE COMPLETE THE FOLLOWING:

☐ I WILL TAKE THE MICS WRITTEN EXAMINATION AT
(INCLUDE $35.00 APPLICATION, WRITTEN TEST FEE):

Location _____ On _____

(ie: Jefferson City, or proctor site listed in the Interpreters Manual) (Date)

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	Date Written Completed	Score (%)	Fee Paid	Money Order/Cashier's Check Number	Received By

STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)

INTERPRETER REGISTRY INFORMATION FORM

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

PURPOSE OF FORM: This form is to be used to register in the Missouri Interpreters Certification System (MICS).

INSTRUCTIONS: Return the completed and notarized form to MCDHH, 1500 Southridge Dr., Suite 201, Jefferson City, MO 65109.

I. APPLICANT INFORMATION

NAME *(PRINT IN FULL, INCLUDING MIDDLE INITIAL)*		TELEPHONE NUMBER *(BEST TO REACH YOU)*
PREVIOUS NAME(S) *(IF ANY)*	DATE OF BIRTH	ALTERNATE TELEPHONE NUMBER
EMAIL ADDRESS		SOCIAL SECURITY NUMBER
PRESENT ADDRESS *(STREET, CITY, STATE, ZIP CODE, COUNTY)*		
YEAR DIPLOMA OR GENERAL EQUIVALENCY DIPLOMA *(GED)* WAS RECEIVED		

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;
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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	Received By	Date Entered In Database	Entered In Database By