



Missouri Commission for the Deaf and Hard of Hearing
 3216 Emerald Lane, Suite B, Jefferson City, MO 65109
 (573) 526-5205 (573) 526-5209 Fax

MICS APPLICATION FOR CONVERSION OF CERTIFICATION

INSTRUCTIONS: Return the completed and notarized form along with the \$50.00 fee (plus \$10.00 application fee) to MCDHH, 3216 Emerald Ln., Suite B, 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" or a receipt for online payment from <https://magic.collectorsolutions.com/magic-ui/payments/mo-elem-secondary-education/201901>. **NO PERSONAL CHECKS WILL BE ACCEPTED.**

APPLICANT INFORMATION

Name:		Previous Name(s):	
SSN:	Date of Birth:		
Phone:	Alt. Phone:		
Current address:			
City:	State:	ZIP:	
Email:			

QUALIFYING QUESTIONS AND CONVERSION INFORMATION

Are you currently MICS certified?
 If yes, then you are exempt from the educational requirements. (5 CSR 100-200.050)
 If no, then you must submit proof of completion of 60 hours of credit from a college or university with your application.

Current Certification Information (ATTACH COPY OF CARD)
 Certifying Entity (Name of Issuing Agency or State) _____ Date of Issue _____
 Authorization for Release of Information
 Contact Person _____ Phone Number _____
 Address _____
 Signature of Applicant _____
 (APPLICANT SIGNATURE IS REQUIRED FOR AUTHORIZATION OF INFORMATION FROM OTHER CERTIFYING ENTITY)

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
	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	Test Completion Date	Test Type	Fee Paid	M.O./Cashier Check Number	Received by
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