



**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 PERFORMANCE TEST APPLICATION**

**INSTRUCTIONS:** Return the completed and notarized form along with the testing fee (Basic \$275, Advanced/Master \$300) 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". **NO PERSONAL CHECKS WILL BE ACCEPTED.**

**APPLICANT INFORMATION**

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

**QUALIFYING QUESTIONS**

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.

Have you taken and passed the written TEP?

- If no, please submit an application for the TEP.
- If yes, but it was not in Missouri, please submit proof of a passing score on the TEP.
- If yes and you hold Missouri certification, what level of certification do you currently hold? \_\_\_\_\_
- Which test are your applying to take?
  - Basic (prerequisite level of one of the following: no certification, MICS Novice, Apprentice, RCED, or PCED to apply)
  - Advanced (prerequisite minimum level of MICS Basic to apply)
  - Master (prerequisite minimum level of MICS Advanced to apply)

**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

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	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	Date Written Completed	Score	Fee Paid	M.O./Cashier Check Number	Received by
---------------	------------------------	-------	----------	---------------------------	-------------

