



STATE OF MISSOURI  
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
**APPLICATION FOR INTERN/PRACTICUM CERTIFICATION**

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

**PURPOSE OF FORM:** This form is to be used by a student in an Interpreter Training Program (ITP) recognized by the BCI should use this form to apply for an Intern/Practicum Certification in the Missouri Interpreters Certification System (MICS).

**INSTRUCTIONS:** Return the completed and notarized form along with the appropriate fee (\$20.00 Application, Intern/Practicum Certification Fee) to MCDHH, 3216 Emerald Lane– 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.**

**I. APPLICANT INFORMATION**

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
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**II. INTERPRETER TRAINING PROGRAM INFORMATION (MUST BE COMPLETED BY COORDINATOR OF ITP)**

I hereby certify that the student named above is registered in the interpreting practicum or internship course in the Interpreter Training Program specified below and will be serving his/her internship/practicum in Missouri during the period indicated below. The student named above is aware of the established Interpreter Training Program internship/practicum guidelines and requirements.

INTERPRETER TRAINING PROGRAM NAME	
DATE OF INTERNSHIP/PRACTICUM:	FROM TO
ITP OR PRACTICUM DIRECTOR/COORDINATOR	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 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

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	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	Certification Start Date	Certification End Date	Fee Paid	Money Order/Cashier's Check Number	Received By
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