Conversion Application Checklist:

- Conversion Application (Notarized)
 - Copy of Certification Card
- Completed Authorization of Disclosure Form
- Cashier's check, Money Order, or Receipt of Online Payment

MISSOURI COMMISSION FOR THE DEAF AND HARD OF HEARING



Becky Davis Executive Director 3216 Emerald Lane, Suite B Jefferson City, MO 65109 (573) 526-5205 (Voice/TTY) <u>MCDHH@mcdhh.mo.gov</u> <u>http://www.mcdhh.mo.gov</u>



Michael L. Parson Governor

Dear Conversion Applicant,

Thank you for your interest in converting your current certification to the Missouri Interpreter Certification System (MICS).

This packet of information was developed in order to help remediate any questions you may have regarding our conversion process, how your certification is recognized, and what work one is permitted to do once conversion is reviewed and accepted in our state.

If you hold any of the following certifications, you do not need to proceed with a conversion through the Missouri Commission for the Deaf and Hard of Hearing. Instead, you should contact the State Committee of Interpreters for direct licensure, as your certification is recognized without a conversion.

- National Registry of Interpreters for the Deaf (NRID) certificates:
 - Comprehensive Skills Certificate (CSC)
 - Certificate of Interpreting/Certificate of Transliteration (CI/CT)
 - Certified Deaf Interpreter (CDI)
- National Association of the Deaf (NAD) certificate levels 3,4, 5
- National Interpreter Certification (NIC), NIC Advanced, NIC Master
- Educational Interpreter Performance Assessment (EIPA) (at level 4.0 or above)

*Please see the follow page regarding the conversion equivalent in our state.

Any current BEI certification holders from other states, you need to complete a Conversion form for your certification to be recognized in the State of Missouri. Once converted, as the equivalent BEI level, you are responsible to maintain and comply <u>with both</u> the State of Missouri, and your initial certifying state.

For any other certifications requesting to be converted, your application will be reviewed, in the order it is received, by our Board of Certified Interpreters. <u>There is **no guarantee** that your certification will be approved for conversion.</u>

If you have any additional questions, please contact our office at (573)-526-5205.

Sincerely, MCDHH Staff

Certification Equivalency:

(A) National Interpreter Certification (NIC) Master = Master (MICS)

(B) National Interpreter Certification (NIC) Advanced = Master (MICS)

(C) National Interpreter Certification (NIC) = Advanced (MICS)

(D)Comprehensive Skills Certificate (CSC) = Advanced (MICS)

(E) Certificate of Interpreting/Certificate of Transliterating (CI/CT) = Advanced (MICS)

(F) Certified Deaf Interpreter (CDI) = CDI

(G) National Association of the Deaf Level 5 = Master (MICS)

(H)National Association of the Deaf Level 4 = Advanced (MICS)

(I) National Association of the Deaf Level 3 = Basic (MICS)

(J) Educational Interpreter Performance Exam 4.0 or Higher = EIPA 4.0 or above, or can be

converted to the Restricted Certification of Education (RCED), for levels K-6, of 7-12 with

either ASL or PSE endorsement based on the exam that was taken.

**No conversions of the above certifications will be recognized as MO-BEI conversions. One MUST TAKE the formal BEI exam(s) in order to be recognized as a BEI interpreter.

*For the most updated Skill Level Standards for each certification level, please review the MCDHH Rules and Standards PDF on our website.

Authorization of Disclosure

I, <u>APPLICANT NAME</u> Missouri Commission for the Deaf and Hard of Hearing to discu application process with the individual(s) listed below:	, authorize the uss anything relative to my						
(Name of Individual/organization(s) – please print)							
1.							
2.							
Signature of Applicant:	Date:						

2022

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:			ZIP:			ZIP:										
Email:	mail:															
CONVERSION INFORMATION																
Current Certification Information (ATTACH COPY OF CARD)																
Certifying Entity (Name of Issuing Agency or State) Date of Issue																
Authorization for Release of Information																
Contact	Contact Person Phone Number															
Address																
(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 SIGNE	E OF APPLICANT				-	DATE										
			STATE					COUNTY (Or City of St. Louis)								
SUBSCRIBED AND SWORN BEFORE ME, THIS										SUBSCRIBED AND SWORN BEFORE ME, THIS						
DAY OF 20																
	NOTARY PUBLIC SIGNATURE					My Commission Expires										
NOTARY PUBLIC NAME (Typed or Printed)																
			F	OR OF	FICE USE	ONLY										
Date Received	Test Completion Da	te Tes	st Type	Fee P	aid	M.O./0	D./Cashier Check Number Received by			Received by						