



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

Missouri Commission for the
 Deaf and Hard of Hearing
 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. *Length of time for an internship practicum should only reflect the time in which a student is actively enrolled in an ITP training program. If at any time, a student withdraws from their courses, the certification becomes null and void.*

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” or a receipt for online payment from <https://magic.collectorsolutions.com/magic-ui/payments/mo-clem-secondary-education/201901>.

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 SIGNATURE:		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

Notary Public Embossed Seal Or Stamp	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	Certification Start Date	Certification End Date	Fee Paid	Money Order/Cashier’s Check Number	Received By
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