



**STATE OF MISSOURI**  
**BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)**  
**APPLICATION FOR PROVISIONAL CERTIFICATION (Learner's Permit)**

**Missouri Commission for the Deaf and Hard of Hearing**  
 3216 Emerald Lane, Suite B  
 Jefferson City, MO 65109

**PURPOSE OF FORM:** This form is to apply for a Provisional Certification (Learner's Permit) in the Missouri Interpreters Certification System (MICS).

**INSTRUCTIONS:** Return the completed and notarized form along with the appropriate fee (\$10.00 Application, Provisional Certification-Learner's Permit Fee), to MCDHH, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109. Fee payment must be in the form of either 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.**

**I. APPLICANT INFORMATION**

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)	SOCIAL SECURITY NUMBER

**II. CERTIFICATION INFORMATION**

I have taken and passed the MO BEI TEP written exam. Date passed: \_\_\_\_\_

I have taken the MO-BEI Basic Performance Exam Date of attempt: \_\_\_\_\_

I will take my next MO-BEI Basic Performance Exam on: \_\_\_\_\_

I agree to submit a completed application to the State Committee of Interpreters to obtain a license.

I agree to earn Continuing Education Units (CEUS) of 2.0 (20 contact hours) with 0.3 (3 hours) focused in Ethics. I will submit these annually to MCDHH.

I have read and agree to follow the Rules pertaining to this Certification, **which include, but are not limited to: limited interpreting under DIRECT supervision and submitting contact logs to MCDHH every quarter.**

**III. APPLICANT CONTACT INFORMATION**

A Provisional Certification (Learner's Permit) shall be limited to providing interpreting services in limited areas as outlined in **5 CSR 100-200.170 (14) (E)**, and **5 CSR 100-200.170 (15) B)**. This Certification may be revoked by the board if the person makes any misrepresentations, or fails to fulfill any commitment made pursuant to 209.321 RSMo, or violates the provisions of section 209.317 or 209.334, or breaks any of the ethical rules of conduct for interpreters as established by state rule, fails to obtain the necessary continuing education units required for certification maintenance, or neglects to maintain and submit, appropriate logs of supervised work.

ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	

**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

<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	LP Start Date	LP End Date	Fee Paid	Money Order/Cashier's Check Number	Received By
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Verified Application With State Committee Of Interpreters (Date And Initials)