



STATE OF MISSOURI  
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
 APPLICATION FOR PROVISIONAL CERTIFICATE IN EDUCATION

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

**PURPOSE OF FORM:** This form is to be used to apply for a Provisional Certificate in Education in the Missouri Interpreters Certification System (MICS).

**INSTRUCTIONS:** Return the completed and notarized form along with the appropriate fee (\$60.00 Application, Provisional Certificate in Education Fee), to MCDHH, 3216 Emerald Lane Suite B, Jefferson City, MO 65109. You must include fee payment 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.**

**I. APPLICANT INFORMATION**

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
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**II. CERTIFICATION INFORMATION (Check that you acknowledge these rules)**

This certification is limited to a one year term. No extensions will be given.

This certification requires a license in order to practice. Once you receive your certificate, please contact the State Committee of Interpreters to obtain your license.

**III. PUBLIC SCHOOL DISTRICT (EMPLOYER INFORMATION)**

A Provisional Certificate in Education shall be limited to providing interpreting services in preschool, elementary and secondary school settings or as allowed by any other valid Missouri certification or license held by the individual above. A Provisional Certificate in Education 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, or fails to obtain the necessary continuing education units required for certification maintenance.

START DATE OF SCHOOL YEAR (MM/DD/YY)	END DATE OF SCHOOL YEAR (MM/DD/YY)
NAME OF PUBLIC SCHOOL DISTRICT WHERE EMPLOYED	
NAME OF PUBLIC SCHOOL ADMINISTRATOR	TELEPHONE NUMBER OF ADMINISTRATOR

**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	PCED Start Date	PCED 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)