



STATE OF MISSOURI  
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
**APPLICATION FOR REINSTATEMENT OF 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 interpreters to apply for reinstatement of their certification in the Missouri Interpreters Certification System (MICS).

**INSTRUCTIONS:** Return the completed and notarized form along with the appropriate fee (\$60.00 Application, Reinstatement Fee) to MCDHH, 3216 Emerald Ln., 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. REINSTATEMENT INFORMATION**

I AM APPLYING FOR REINSTATEMENT FOR THE FOLLOWING REASON:

FAILURE TO SUBMIT REQUIRED CEUs BY DECEMBER 15

OTHER (PLEASE EXPLAIN)

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