



MICS TEP APPLICATION

(Test of English Proficiency)

Missouri Commission for the Deaf and Hard of Hearing

3216 Emerald Lane, Suite B · Jefferson City, MO 65109

(573) 526-5205

Instructions: Return the completed and notarized form along with the testing fee of \$40.00 (plus the \$10.00 application fee and \$35.00 out-of-state process fee (if applicable) to MCDHH. 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): _____
SNN: _____	Date of Birth: _____
Phone: () _____	Alt. Phone: () _____
Current address: _____	
Street Address	

City, State, Zip Code	
Email: _____	

QUALIFYING QUESTIONS:

Are you currently MICS certified?

Yes (If you marked 'yes', you are exempt from the educational requirements (5 CSR 100-200.050)

No (If you marked 'no', please submit proof of 30 college credit hours. (Unofficial transcripts accepted)

Have you taken the TEP previously?

No

Yes Date: _____ Location: _____

I, the above named applicant, being first duly sworn upon my oath, state as follows:
I have personally completed the foregoing application truthfully and without omission.

The information and answers contained in the foregoing application and any attachments thereto are true 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, rules and regulations of the Board of Certification of interpreters and I will make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT SIGNATURE	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)		

Date Received	Fee Paid	Money Order/Cashier's Check Number	Received By
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