

#### State of Missouri Missouri Commission for the Deaf and Hard of Hearing 3216 Emerald Lane, Suite B, Jefferson City, MO 65109 (573) 526-5205



### **Conversion Application Checklist:**

	Interpreter Registry Information Form (Required for first timers) <a href="https://mcdhh.mo.gov/interpreter-info/">https://mcdhh.mo.gov/interpreter-info/</a> under MICS Forms						
	Conversion Application						
	Completed Authorization of Disclosure Form						
	Copy of Certification Card						
	Copy of Receipt of Online Payment						
	Copy of Driver's license or state-issued ID						
Mail all forms to:							
	MCDHH ATTN: MICS Coordinator						

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Dear Conversion Applicant,

Thank you for your interest in converting your current certification to the Missouri Interpreter Certification System (MICS).

This packet of information was developed to help remediate any questions you may have regarding our conversion process, how your certification is recognized, and what work one is permitted to do once conversion is reviewed and accepted in our state.

If you hold any of the following certifications, you do not need to proceed with a conversion through the Missouri Commission for the Deaf and Hard of Hearing. Instead, you should contact the State Committee of Interpreters for direct licensure, as your certification is recognized without a conversion.

- National Registry of Interpreters for the Deaf (NRID) certificates:
  - Comprehensive Skills Certificate (CSC)
  - Certificate of Interpreting/Certificate of Transliteration (CI/CT)
  - Certified Deaf Interpreter (CDI)
- National Association of the Deaf (NAD) certificate levels 3.4. 5
- National Interpreter Certification (NIC), NIC Advanced, NIC Master
- Educational Interpreter Performance Assessment (EIPA) (at level 4.0 or above)

Any current BEI certification holders from other states, you need to complete a Conversion form for your certification to be recognized in the State of Missouri. Once converted, as the equivalent BEI level, you are responsible to maintain and comply **with both** the State of Missouri, and your initial certifying state.

For any other certifications requesting to be converted, your application will be reviewed, in the order it is received, by our Board of Certified Interpreters. There is **no guarantee** that your certification will be approved for conversion.

If you have any additional questions, please contact our office at (573)-526-5205.

Sincerely, MCDHH Staff

<sup>\*</sup>Please see the follow page regarding the conversion equivalent in our state.

#### **Certification Equivalency:**

- (A) National Interpreter Certification (NIC) Master = Master (MICS)
- (B) National Interpreter Certification (NIC) Advanced = Master (MICS)
- (C) National Interpreter Certification (NIC) = Advanced (MICS)
- (D)Comprehensive Skills Certificate (CSC) = Advanced (MICS)
- (E) Certificate of Interpreting/Certificate of Transliterating (CI/CT) = Advanced (MICS
- (F) Certified Deaf Interpreter (CDI) = CDI
- (G) National Association of the Deaf Level 5 = Master (MICS)
- (H)National (H) Association of the Deaf Level 4 = Advanced (MICS)
- (I) National Association of the Deaf Level 3 = Basic (MICS)
- (J) Educational Interpreter Performance Exam 4.0 or Higher = EIPA 4.0 or above or can be converted to the Restricted Certification of Education (RCED), for levels K-6, of 7-12 with either ASL or PSE endorsement based on the exam that was taken.

\*\* No conversions of the above certifications will be recognized as MO-BEI conversions.

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One MUST TAKE the formal BEI exam(s) to be recognized as a BEI interpreter.

<sup>\*\*</sup> For the most updated Skill Level Standards for each certification level, please review the MCDHH Rules and Standards PDF on our website.

### Authorization of Disclosure

I, <u>APPLICANT NAME</u> Missouri Commission for the Deaf and Hard of Hearing to discuss ar application process with the individual(s) listed below:	, authorize the sything relative to my							
(Name of Individual/organization(s) – please print)								
1.								
2.								
Signature of Applicant:	Date:							

2025



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## MISSOURI INTERPRETER'S CERTIFICATION SYSTEM (MICS) CONVERSION OF CERTIFICATION APPLICATION

I. APPLICANT INFORMATION											
Name:					Previous Name(s):						
Phone:					DOB:						
Address:											
City:					ZIP:						
Email:											
II. CO	NVERSION INFORMA	ΓΙΟΝ									
	fication Information: (/		F C	ARD)							
Certifying Entity: (Name of Issuing Agency or State)  Date of Issue:											
Authorization for Release of Information:											
Contact Person: Phone N					Number:						
Address:	Address: City:				State:		Zip Code:				
Signature of Applicant: (Applicant Signature is required for authorization of information from other certifying entity)											
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											
SIGNATURE OF APPLICANT:					DATE:						
IV. INS	STRUCTIONS										
IV. INSTRUCTIONS  Reinstatement Fee of \$60.00 (includes application fee) must be paid online at the MCDHH website: <a href="https://magic.collectorsolutions.com/magic-ui/en-US/Login/mo-elem-secondary-education">https://magic.collectorsolutions.com/magic-ui/en-US/Login/mo-elem-secondary-education</a> .											
Return the Interpreter Registry Information Form and Conversion of Certification form, receipt payment, and a photocopy of a valid driver's license or state-issued ID to the following address:											
MCDHH, Attn: MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109											
NO PERSONAL CHECKS, CASHIER'S CHECKS OR MONEY ORDERS WILL BE ACCEPTED.											
FOR OFFICE USE	ONLY										
Date Received	Test Completion Date	Test Type	С	onfirmation Number	Fee F	Paid	Received by				