



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



APPLICATION FOR INTERN/PRACTICUM CERTIFICATION

PURPOSE OF FORM: This form is to be use by a student in an Interpreter Training Program (ITP) recognized by the BCI. *Length of time for an internship practicum should only reflect the time in which a student is actively enrolled in an ITP training program. If at any time, a student withdraws from their courses, the certification becomes null and void.*

I. APPLICANT INFORMATION:

Name: (Print in Full, including Middle Initial)

II. INTERPRETER TRAINING PROGRAM INFORMATION (Must be completed by Coordinator of ITP)

I hereby certify that the student named above is registered in the interpreting practicum or internship course in the Interpreter Training Program specified below and will be serving his/her internship/practicum in Missouri during the period indicated below. The student named above is aware of the established Interpreter Training Program internship/practicum guidelines and requirements.

Interpreter Training Program Name:

Date of Internship/Practicum: From: To:

ITP or Practicum Director/Coordinator Signature:

Date:

III. AFFIDAVIT OF APPLICANT:

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 contacted 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.

Applicant Signature:

Date:

IV. INSTRUCTIONS:

Application, Intern/Practicum Certification Fee of \$20.00 must be paid online at MCDHH website:
<https://magic.collectorsolutions.com/magic-ui/en-US/Login/mo-elem-secondary-education>.

Return the completed 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:	Certification Start Date:	Certification End Date:	Online Payment Confirmation:	Fee Paid:	Received By:
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