

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



RENEWAL OF CERTIFICATION APPLICATION

PURPOSE OF FORM: This form is used by interpreters who are certified in the Missouri Interpreters Certification System (MICS) to verify that they have met their annual CEU requirements and to apply for renewal of their certification.

I. APPLICANT INFORMATION:			
Name (Print in full, including middle	e initial):		
Address:			
Email:			
Phone Number:			
IF ANY INFORMATION HAS <u>CHANGED</u> , PLEASE <u>INCLUDE</u> A CHANGE OF INFORMATION FORM WITH YOUR RENEWAL.			
Setting(s) I predominantly interpret in are: Medical Mental Health Legal VRS			
☐ Performing Arts ☐ Business ☐ Freelance ☐ Education (Pre K-12) ☐ Education (Post-Secondary)			
II. CERTIFICATION INFORM	ATION:		
	OR THE <u>FIRST TIME</u> STARTING Novembe	er 2024 – TOTAL	_ CEUs EARNED:
October 2025? Yes No	If yes, when?		
If yes, please refer to the prorated (CEU chart that was sent with your certificat	ion documents FTHIC	S CEUs EARNED:
in yes, please refer to the profated v	SEO Griart triat was Serit with your confinedt	ion documents.	0 0200 27 11 11 12 25 .
III. AFFIDAVIT OF APPLICAN	IT.		
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I the above-named applicant being fire	et duly sown upon my oath, state as follows:		
I, the above-named applicant, being first duly sown 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.			
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Applicant Signature:		Date:	
IV. INSTRUCTIONS:			
Renewal fee of \$15 must be paid online at the 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 MCDHH.			
MCDHH, Attn: MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.			
Attach copies of the certificates verifying that you have met the 2.0 total CEU requirements,			
including <u>0.3 CEUs in ethics</u> , as detailed in 5 CSR 100-200.130.			
NO PERSONAL CHECKS, CASHIER'S CHECKS, AND MONEY ORDERS WILL BE ACCEPTED.			
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FOR OFFICE USE ONLY:			
Date Received:	Confirmation Number:	Fee Paid:	Received By: