



STATE OF MISSOURI
Board for Certification of Interpreters (BCI)
APPLICATION FOR RENEWAL OF CERTIFICATION

Missouri Commission for the Deaf & Hard of Hearing
3216 Emerald Lane, Ste. B
Jefferson City, MO 65109
(573) 526-5205

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.

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee (**\$15.00 Application, Renewal and CEU Processing Fee**) to MCDHH, 3216 Emerald Lane, Ste. 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/en-US/Login/mo-elem-secondary-education> **NO PERSONAL CHECKS WILL BE ACCEPTED.** Attach copies of the certificates verifying that you have met the 2.0 total CEU requirements, including 0.3 CEUs in ethics, as detailed in 5 CSR 100-200.130.

I. APPLICANT INFORMATION

NAME	SOCIAL SECURITY NUMBER
ADDRESS	EMAIL ADDRESS
	TELEPHONE NUMBER

PLEASE REVIEW THE CONTACT INFORMATION ON THE ABOVE LABEL. IF ANY INFORMATION HAS CHANGED, PLEASE MARK IT OUT AND FILL IN THE NEW INFORMATION. PLEASE INCLUDE 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 INFORMATION

DID YOU BECOME CERTIFIED FOR THE FIRST TIME STARTING November 2023—October 2024? If yes, please refer to the prorated CEU chart that was sent with your certification card. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____	TOTAL CEUs EARNED
	ETHICS CEUs EARNED

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.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	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)	

FOR OFFICE USE ONLY

Date Received	Total CEUs Earned: Ethics CEUs:	Fee Paid	Money Order/Cashier's Check Number	Received By
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