CHECKLIST FOR CERTIFICATE RENEWALS

Please follow the checklist below to ensure a smooth renewal submission process:

☐ **Change of Name or Contact Information** (if applicable)**:**

If your name or contact information has changed, you must complete and submit the Change of Name and/or Contact Information Application Form.

This includes changes to any of the following:

- Name
- Mailing address
- Phone number
- Email address

Please submit the complete form to ensure your information remains current and accurate in our records.

- **Renewal Form:**
  - Complete the Renewal Certification of Application

☐ **Late Renewals** (if applicable)**:**

- Please note that courses completed after November 2 will not be counted toward the next renewal period.
- CEUs completed after November 2 and renewal forms submitted after December 2 will be considered late.
- Include the Late Fee Form and the $20.00 payment receipt with your renewal form. The total amount due will be $35.00 ($15.00 renewal fee + $20.00 late fee).
- The link for late renewal form is: https://mcdhh.mo.gov/interpreter-info/ under Interpreter Certification and go to Certification Renewals.

☐ **Reinstatement Form** (if applicable)**:**

- Renewal applications submitted after Dec.15 must include:
  1. Renewal Form ($15.00)
  2. Late Fee Form ($20.00)
  3. Reinstatement Form ($60.00)

The link for reinstatement form is: https://mcdhh.mo.gov/interpreter-info/ under Interpreter Certification and go to Certification Renewals.

☐ **Payment Method:**

- Your renewal payment of $15.00 should be made through our designated online payment: https://magic.collectorsolutions.com/magic-ui/en-US/Login/mo-elem-secondary-education.

NO CASHIER'S CHECKS, MONEY ORDERS, ORPERSONAL CHECKS WILL BE ACCEPTED.

- Please select the **RENEWAL FEES**, not CEU workshop fees.
- To process the payment online for the MCDHH Missouri Interpreter Certification Fees, follow these steps:
  1. Select Payment Category:
     - Choose "MCDHH Fees" as the payment category.
  2. Select Payment Type:
     - Choose "MCDHH Missouri Interpreter Certification Fees" as the payment type.
  3. Locate the Payment Option:
     - Look for the option labeled "Renewal Fees plus $10 application fee" which should total $15.00.
  4. Add and Checkout:
     - Add the $15.00 item to your cart and proceed to check out to complete the

payment process.

☐ **Payment Documentation:**
https://magic.collectorsolutions.com/magic-ui/en-US/Login/mo-elem-secondary-education -

- Print or make a copy of your payment receipt and include it with your complete renewal form.

☐ **Continuing Education Units (CEU):**

- Complete the CEU log page with the title, date, and number of CEUs earned.
- Include all relevant CEU documentation with your submission.
- DO not shrink or reduce the size of CEU forms. Half-page or larger is acceptable.
- Arrange CEU paperwork in chronological order.

☐ **Mailing Address:**
Mail the complete renewal package to the following address:

MCDHH c/o MICS Coordinator 3216 Emerald Lane, Suite B Jefferson City, MO 65109

Please ensure that all documentation is accurate and complete to facilitate the timely processing of your certificate renewal. Thank you for your attention to these details.

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 CHANGE OF NAME AND/OR CONTACT INFORMATION

PURPOSE OF FORM: This form is to be used to inform the MICS of your current name and contact information.

I. APPLICANT INFORMATION:

Name (Print in full, including middle initial):	Telephone Number:		
Previous Name(s) (If any):	Date of Birth:		
Address:	City:	State:	Zip Code:
Email:			

II. CERTIFICATION INFORMATION:

Do you want a new certification document with your new name? ❑ Yes ❑ No

III. AFFIDAVIT OF APPLICANT:

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.

Signature of Applicant:	Date:

IV. INSTRUCTIONS:

If you have changed your name, attach a copy of any legal documentary necessary to verify that change (i.e. marriage certificate, or divorce decree). Return the completed form, a copy of marriage certificate or divorce decree, and a photocopy of a valid driver's license ID or state issued ID to:

MCDHH, Attn: MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.

FOR OFFICE USE ONLY:

Date Received:	Updated in Database:	Received By:

2025

CEUs Log Form
Cycle Year: November 3rd, 2024 – November 2nd, 2025

Remember, three-tenths (.3) of your 2.0 CEUs must be specifically focused on Ethics.

If the following words “ethics, ethical decision-making and CPC” are not in the title of the workshop, please provide the workshop description.

Workshop Title:	Date:	Ethics:	CEUs:
	Total Ethics:		
	Total CEUs:		

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 initial):*

Address:

Email:

Phone Number:

IF ANY INFORMATION HAS **CHANGED**, 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 2025 – October 2026? ❑ Yes ❑ No If yes, when? _____

If yes, please refer to the prorated CEU chart that was sent with your certification documents.

TOTAL CEUs EARNED:

ETHICS CEUs EARNED:

III. CERTIFICATION FORMAT:

Interpreters completing their renewal will receive a digital copy of their certification. MCDHH can also e-mail you a wallet-sized durable copy for your convenience. If you would like a copy e-mailed to you, please indicate below.
❑ Yes, I would like a wallet-sized copy.

III. AFFIDAVIT OF APPLICANT:

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.

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, Attn: MICS Coordinator, at the address listed at the top of this form.

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.

NO PERSONAL CHECKS, CASHIER'S CHECKS, AND MONEY ORDERS WILL BE ACCEPTED.

FOR OFFICE USE ONLY:

Date Received:	Confirmation Number:	Fee Paid:	Received By:

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

CERTIFICATION LATE FEE APPLICATION

PURPOSE OF FORM: This form is to document a late fee for an interpreter's certification in the Missouri Interpreters Certification System (MICS).

I. APPLICANT INFORMATION:

Name *(Print in full, including middle initial):*

II. LATE CEU INFORMATION

I am applying for late CEUs for the following reasons:

☐ Failure to earn CEUs by November 2nd.

☐ Failure to submit CEUs by December 2nd.

☐ Other *(please explain):* _____

III. AFFIDAVIT OF APPLICANT:

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.

Applicant Signature:	Date:

IV. INSTRUCTIONS:

Late fee of $20 must be paid online at the MCDHH website:
https://magic.collectorsolutions.com/magic-ui/en-US/Login/mo-elem-secondary-education.

Return the renewal of certification and Late Fee Form, confirmation receipt, 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, AND MONEY ORDERS WILL BE ACCEPTED.

FOR OFFICE USE ONLY:

Date Received:	Confirmation Number:	Fee Paid:	Received By:

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

REINSTATEMENT OF CERTIFICATION APPLICATION

PURPOSE OF FORM: This form is to be used by interpreters to apply for reinstatement of their certification in the Missouri Interpreters Certification System (MICS).

I. APPLICANT INFORMATION:

Name: *(Print in Full, including Middle Initial)*

II. REINSTATEMENT INFORMATION:

I am applying for reinstatement for the following reason:

- ❑ Failure to submit required CEUs by December 15th.
- ❑ Other (please explain): _____

III. AFFIDAVIT OF APPLICANT:

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.

Signature of Applicant:	Date:

IV. INSTRUCTIONS:

Reinstatement Fee of $60.00 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 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:	Confirmation Number:	Fee Paid:	Received By:

2025

Add Payment Items

Payment Category: MCDHH Fees

Payment Type: MCDHH MO Interpreter Certification Fees

For questions regarding Interpreter Certification Fees, please call 573-526-5205.

Please enter the following information to identify the payment:

Name*: Enter Name

Last 4 of Social Security Number*: Enter Last 4 of SSN

Address*: Enter Address

Phone Number*: Enter Phone Number

Payment

Select Amount: Renewal Fee - $15.00

Payment Amount: $ 15 . 00

Add Item | Add Item and Checkout