STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)
APPLICATION FOR REINSTATEMENT OF CERTIFICATION

1500 Southridge Dr., Suite 201
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

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).

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee ($60.00 Application, Reinstatement Fee) to MCDHH, 1500 Southridge Dr., Suite 201, Jefferson City, MO 65109. Fee payment must be in the form of either a cashier's check or money order made payable to "MCDHH/BCI Fund". **NO PERSONAL CHECKS WILL BE ACCEPTED.**

I. APPLICANT INFORMATION

NAME *(PRINT IN FULL, INCLUDING MIDDLE INITIAL)*

SOCIAL SECURITY NUMBER

II. REINSTATEMENT INFORMATION

I AM APPLYING FOR REINSTATEMENT FOR THE FOLLOWING REASON:

☐ FAILURE TO SUBMIT REQUIRED CEUs *(EARNED BY NOVEMBER 2 AND SUBMITTED BY DECEMBER 2)*

☐ OTHER *(PLEASE EXPLAIN)* _____

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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	Fee Paid	Money Order/Cashier's Check Number	Received By

BCI 2008