



Louisiana Board of Examiners of
Certified Shorthand Reporters



STATUS REPORT

PLEASE PRINT

Certification #:		DATE:
NAME: (legal name shall be used)		SHORTHAND METHOD:
Last:		<input type="checkbox"/> Stenotype <input type="checkbox"/> Stenomask <input type="checkbox"/> Penwriter <input type="checkbox"/> CDR-Digital <input type="checkbox"/> Electronic Recording--(Grandfathered up to 1992)
First:	Middle:	
Previous Name:		
PERSONAL INFORMATION (mandatory)		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Fax:
E-mail Address:		
SSN:	DOB: / /	Parish:
Voting Districts (from voter registration card): Congressional #: _____ Senate #: _____ Representative #: _____		
EMPLOYMENT INFORMATION		
<input type="checkbox"/> Freelance		<input type="checkbox"/> Official
Firm Name (if applicable):		Court:
Address:		Address:
City, State, Zip:		City, State, Zip:
Phone:	Fax:	Phone: Fax:
CERTIFICATION INFORMATION		
Method of Certification (check one):	<input type="checkbox"/> Examination by La. CSR Board <input type="checkbox"/> Grandfathered <input type="checkbox"/> Reciprocity (NCRA / NVRA)	Date Issued: _____ Date Issued: _____ Date Issued: _____
National Certification(s):	NCRA: <input type="checkbox"/> RPR Date: _____ <input type="checkbox"/> RMR Date: _____ Other: _____ Date: _____	NVRA: <input type="checkbox"/> CVR Date: _____ <input type="checkbox"/> CM Date: _____ Other: _____ Date: _____
Certification from Other State(s):	State(s) & Date(s):	

- Check here if you want your personal information kept confidential. (If checked, your information will not be shared with anyone. Your information will only be used for state and agency purposes.)

SIGNATURE _____

Return to: Louisiana Board of Examiners of Certified Shorthand Reporters
1450 Poydras St., Ste 630
New Orleans, LA 70112