

a freelance reporter.

## LOUISIANA BOARD OF EXAMINERS OF CERTIFIED SHORTHAND REPORTERS

## RECIPROCAL APPLICATION FOR CDR CERTIFICATION PURSUANT TO ACT NO. 326, 2023 REGULAR SESSION

For Office use only

|                                  |  | Received                      | l <b>:</b>        |                        |  |
|----------------------------------|--|-------------------------------|-------------------|------------------------|--|
|                                  |  | Fee:                          | Check             | #:                     |  |
|                                  | Received:  |                               |                   |                        |  |
| the Louisian all the information | All applicants seeking certifn a Legislature must complete rmation provided in this application:   | e and sign this application b | before a notary   | public, attesting that |  |
| (1)                              | copies of all out-of-state co  | ourt reporting licenses held  | by the applicant  | t;                     |  |
| (2)                              | a copy of any AAERT "CDR," NCRA "RPR," "CM," or NVRA "CVR" certificate held by the applicant and certifying that the applicant passed an examination after 1973; |                               |                   |                        |  |
| (3)                              | a copy of a high school diploma or its equivalent; and   |                               |                   |                        |  |
| (4)                              | a check in the amount of \$175 made payable to the Louisiana Board of Examiners of Certified Shorthand Reporters, which is the applicable licensing fee.         |                               |                   |                        |  |
|                                  | eceive a certification letter<br>You are responsible for obta  |                               |                   |                        |  |
|                                  |  | , PHONE: ( )                  |                   |                        |  |
| Legal Name                       |  |                               |                   |                        |  |
| ADDRESS                          |  |                               |                   |                        |  |
|                                  | Street/P. O. Box   | City                          | State             | Zip Code               |  |
| E-MAIL AI                        | ODRESS:  |                               |                   |                        |  |
| DOB:                             | SOCIAL S   | SECURITY NUMBER:              |                   |                        |  |
| hereby appl                      | y to the Louisiana Board of  | Certified Shorthand Repor     | ters for certific | ation to practice as a |  |

Certified Digital Reporter in accordance with Act No. 326 of the 2023 Regular Session of the Louisiana Legislature. I understand and acknowledge that this certification permits me to perform duties only as an official or deputy official court reporter and does not permit me to perform duties as

| PRESENT EMPLOYER:  | PHONE: ( )           |                 |                |
|--|----------------------|-----------------|----------------|
| ADDRESS  |                      |                 |                |
| ADDRESS Street/P. O. Box   | City                 | State           | Zip Code       |
| LIST PAST EMPLOYMENT PERTAIN   | NING TO COURT RI     | EPORTING:       |                |
| SYSTEM OF REPORTING: ( ) STEN  | OTYPE ( ) STENC      | DMASK ( ) PENWR | ITER ( ) AAERT |
| IS COURT REPORTING YOUR PRING EMPLOYMENT DO YOU HAVE?                                      |                      |                 | , WHAT OTHER   |
| DO YOU USE ANY FORM OF AUDIO IF YES, WHAT TYPE?  | _                    | MENT WITH YOUR  | R REPORTING?   |
| LIST SCHOOLS ATTENDED AND DA   | ATES: (starting with | high school):   |                |
| LIST MEMBERSHIP(S) IN ANY COU  | RT REPORTER ASS      | SOCIATIONS:     |                |
| HAVE YOU EVER BEEN CONVICTE<br>INCLUDING THE DATE AND STATE                                |                      |                 | ,              |
| LIST ALL STATES FROM WHICH PRACTICE COURT REPORTING ANI                                    |                      |                 |                |
| HAVE YOU EVER BEEN DENIED A<br>COURT REPORTING LICENSE REV<br>ANY DISIPLINARY ACTION RELAT | OKED OR SUSPE        | NDED, OR BEEN T | THE SUBJECT OF |
| IF SO, PROVIDE THE DETAILS OF A THE ACTION(S), THE DATE OF T ACTION(S) WAS TAKEN:          | HE ACTION(S), A      |                 | IN WHICH THE   |
|  |                      |                 |                |

FAILURE TO COMPLETE THIS APPLICATION IN FULL OR PROVIDING FALSE INFORMATION MAY RESULT IN DENIAL.

I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF LOUISIANA, THAT THE FOREGOING IS TRUE AND CORRECT.

| SIGNATURE OF APPLICANT   | Date:         |                      |  |
|--|---------------|----------------------|--|
| STATE OF   |               |                      |  |
| <b>BEFORE ME</b> , the undersigned Notary personally came and appeareddepose and say that the above and foregoing answ | , who         | being duly sworn did |  |
| Sworn to and subscribed before me this   | day of        | 20                   |  |
|  | NOTARY PUBLIC |                      |  |
|  | PRINT NAME    |                      |  |
|  | NOTARIAL NO.  |                      |  |