

**LOUISIANA BOARD OF EXAMINERS  
OF CERTIFIED SHORTHAND REPORTERS**

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM**

DATE: \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

DATE AND LOCATION OF PROGRAM: \_\_\_\_\_

\_\_\_\_\_

IS SEMINAR REGISTRATION OPEN TO ALL C. C. R.'S: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

NCRA APPROVAL. YES \_\_\_\_\_ NO \_\_\_\_\_

NVRA APPROVAL. YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, ATTACH COPY OF APPROVAL. MUST REFLECT NUMBER OF CREDITS TO BE ISSUED. PLEASE ATTACH A COPY OF YOUR AGENDA TO THIS APPLICATION. IF CHANGES ARE MADE TO THE AGENDA AFTER APPROVAL THEN YOU MUST HAVE THOSE CHANGES APPROVED.

SEMINAR CHAIR OR CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: (     ) \_\_\_\_\_