



Louisiana Board of Examiners of
Certified Shorthand Reporters



**CERTIFICATION RENEWAL
STATUS REPORT**

(Must be returned along with bottom portion of invoice and renewal fee payment)

PLEASE PRINT

DATE:	
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NAME: (legal name must be used)		SHORTHAND METHOD:	
Last:		<input type="checkbox"/> Stenotype	<input type="checkbox"/> Penwriter
First:	Middle:	<input type="checkbox"/> Stenomask	<input type="checkbox"/> Electronic Recording
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	Date Issued: _____	
	<input type="checkbox"/> Grandfathered	Date Issued: _____	
	<input type="checkbox"/> Reciprocity (NCRA / NVRA)	Date Issued: _____	
National Certification(s):	NCRA: <input type="checkbox"/> RPR Date: _____ <input type="checkbox"/> RMR Date: _____	NVRA: <input type="checkbox"/> CVR Date: _____ <input type="checkbox"/> CM Date: _____	Other: _____ Date: _____
Certification from Other State(s):	State(s) & Date(s):		

SIGNATURE _____

Return to: Louisiana Board of Examiners of Certified Shorthand Reporters
P. O. Box 1840
Walker, LA 70785-1840