

STATE OF KANSAS

INSTRUCTIONS FOR CCR APPLICANTS

Before completing the application form, carefully read the Supreme Court and Board Rules, particularly Supreme Court Rules 307 and 308 and Board Rules 3 and 6.

Please note the following:

- Applicants must qualify under one of the four classifications set forth in question 11 of the application form. Applicants should indicate by a check which item they are going to qualify under, and evidence submitted to qualify under question 11 shall be filed in duplicate.

Applicants qualifying under question 11b of the application form should review Supreme Court Rule 309(c).

Applicants completing this form for reciprocal purposes only should also obtain the Certification on Motion application and complete that application in accordance with the instructions on that application.
- Three completed “Certificates of Character” forms shall be attached to the application. **Relatives, by marriage or blood, and individuals listed in Question 15 are not acceptable as affiants.** Certificates attached to the second application may be photocopies of the originals.
- Question 15 of the application form requires names and addresses of persons who have knowledge of the applicant’s character and integrity. These names should be in addition to the three persons who have furnished Certificates of Character.
- All signatures and notary certificates should be completed in blue ink.
- You may photocopy the application form; however, both copies of the application must bear original signatures and notarizations on page 8.
- Your CCR application, photos, and accompanying documents are to be on file with the Office of Judicial Administration at least thirty (30) days prior to the date of the next exam. Mail to:

Office of Judicial Administration
Kansas Judicial Center
301 SW 10th Avenue
Topeka, Kansas 66612
- The application fee is \$125.00 (non-refundable) and may be paid by personal check or money order made payable to the Office of Judicial Administration. **The application fee MUST be submitted with your application.**
- You must advise the Office of Judicial Administration of any change of name, address, or telephone numbers after the filing of your application.
- Incomplete applications and/or Certificates of Character will be returned to the applicant.
- **Applications received after the filing deadline must include a motion to waive the filing deadline. See Rule 307.**
- Keep a copy of the application for your files.

CHECKLIST FOR FILING CCR APPLICATION
(This page is to be included as the first page of the application packet.)

Note: Failure to provide ALL the items and information listed below will cause your application to be

Please submit your application and accompanying materials in the following order and make sure these items are included with the checklist):

- ___1. Filing Fee - \$125.00 (non-refundable). Checks should be made payable to the Office of Judicial Administration. Payment **must** be included with your application.
- ___2. Checklist for filing CCR application.
- ___3. Application form (submit in duplicate – an original and one exact copy.)
 - a. Signature on pages eight (8) and nine (9) on both copies – using blue ink.
 - b. Notarized on pages eight (8) and nine (9) on both copies – using blue ink.
 - c. Photo placed on page one of the original and duplicate applications.
- ___4. Three original Certificates of Character – signed and notarized. The original set of certificates should be attached to the original application. Certificates attached to the second application may be photocopies of the originals.
- ___5. Training
 - a. _____ Evidence of Education, Training, or Certification; or
 - b. _____ Motion for Educational Waiver.
- ___6. Letter from NCRA or NVRA requested on _____ (if applicable)
- ___7. Application for certification on motion sent to _____ on _____.
- ___8. Motion to Waive Filing Deadline (if filing application less than 30 days before the next exam)

Date: _____

Signature

Street Address

City, State, Zip

IN THE SUPREME COURT OF THE STATE OF KANSAS

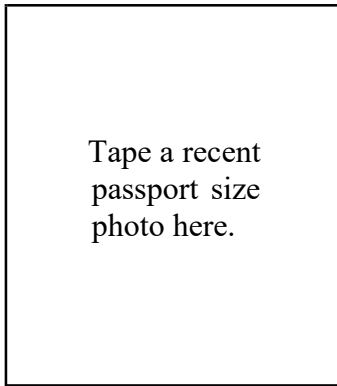


To the State Board of Examiners of Court Reporters

No. _____
(Leave Blank - A number will be assigned by the Court Reporters' Board.)

Application of

_____ for Certification as a Certified Court Reporter



This photo was taken on _____.
(Date and year)

I, _____, hereby make application (check one):
(Name as shown on Page 2, Question 1)

_____ 1. To take the next regular Kansas examination for Certified Court Reporter;

_____ 2. To transfer my RPR or CVR certification into Kansas
 Letter from NCRA requested on _____
 Letter from NVRA requested on _____

_____ 3. To obtain Kansas certification based on my certification in another state.
 Certification on Motion Application sent to _____
 on _____.

The following questions should be answered in detail. If necessary to make complete answers, attach separate sheets bearing question numbers corresponding with those below.

1. Full Legal Name: _____
2. Present Address: _____

Street

City
County
State
Zip
- Permanent Address: _____

Street

City
County
State
Zip
- To which address do you wish mail sent? Present _____ Permanent _____
3. Telephone No: Home _____ Work _____
 Cell (optional) _____
4. E-mail Address: (optional) _____
5. Date of Birth: _____ Social Security Number (optional): _____
6. State each residence address (including your present address) you have had for the past five years, starting with the most recent. **There should be no gaps in time.**

Street & Number	City & State	Zip	From	To

7. _____ Are you currently employed?
Yes or No

State name of employer, place of employment, position held, dates of employment and reason for termination of employment for the past five years, starting with the most recent. Explain any periods of unemployment on the forms so as to provide continuous documentation. **I hereby consent that full disclosures regarding my employment may be made by the employer to the State Board of Examiners of Court Reporters.**

Month and year of beginning and ending employment period:

From: _____ To: _____

Name of employer or firm (individual, partnership or corporation)

DO NOT ABBREVIATE

Address: _____

Street City State Zip

Nature of employer's business _____

Position Title _____ Supervisor's Name: _____

Present address of employer (if deceased or defunct, give name and address of associate who can verify employment)

Reason for leaving? _____

=====

Month and year of beginning and ending employment period:

From: _____ To: _____

Name of employer or firm (individual, partnership or corporation)

DO NOT ABBREVIATE

Address: _____

Street City State Zip

Nature of employer's business _____

Position Title _____ Supervisor's Name: _____

Present address of employer (if deceased or defunct, give name and address of associate who can verify employment)

Reason for leaving? _____

Month and year of beginning and ending employment period:

From: _____ To: _____

Name of employer or firm (individual, partnership or corporation)

DO NOT ABBREVIATE

Address: _____

Street

City

State

Zip

Nature of employer's business _____

Position Title _____ Supervisor's Name: _____

Present address of employer (if deceased or defunct, give name and address of associate who can verify employment)

Reason for leaving? _____

=====

Month and year of beginning and ending employment period:

From: _____ To: _____

Name of employer or firm (individual, partnership or corporation)

DO NOT ABBREVIATE

Address: _____

Street

City

State

Zip

Nature of employer's business _____

Position Title _____ Supervisor's Name: _____

Present address of employer (if deceased or defunct, give name and address of associate who can verify employment)

Reason for leaving? _____

If additional space is needed, please attach a separate sheet using this same format.

8. _____
Yes or No

a. Are you a citizen of the United States?

b. If claiming citizenship, other than by birth, state date naturalized, court and location, and naturalization number. (Attach a copy of your naturalization card or certificate.)

c. If not a United States citizen, from what country do you claim citizenship?

d. If not a United States citizen, describe your immigration status and provide your alien registration number and a copy of your resident alien card. If you do not have an alien registration number or resident alien card, explain.

9. My system of reporting is _____, and I follow the principles of that system so that others writing the system can readily read my notes.

10. Have you taken any examination for certification in Kansas?

Yes Date: _____ No

If the answer is “yes”, which portion of the examination, if any, did you pass?

Written knowledge 180 WPM 200 WPM 225 WPM

11. Indicate the date and school from which you received your high school diploma.

Date	School	City	State
------	--------	------	-------

or completed G.E.D. _____.
(Month and Year)

List all business schools, colleges and universities you have attended, dates of attendance, degrees received and date of graduation.

School	Address	Dates of Attendance	Credit Hours and/or Degree Received	Graduated (Yes or No) and Date

12. Applicant must furnish evidence of at least ONE of the following items of education, training, or certificates. Check which one is being submitted.

a. Graduation from and completion of a court reporting course in a business college or other school licensed or accredited by the State of Kansas or the state where such school is located. (**Attach a copy of your diploma or a letter from the court reporting school stating successful completion of the course. Also attach a letter from the court reporting school, stating successful completion of at least one 225 word per minute test.**)

b. That applicant is certified as a Registered Professional Reporter (RPR) by the National Court Reporters Association (NCRA) (if seeking certification in Kansas as a shorthand reporter) or certified as a Certified Verbatim Reporter (CVR) by the National Verbatim Reporters Association (NVRA) (if seeking certification in Kansas as a voicewriter).

Applicant must request a letter of certification from NCRA or NVRA verifying the RPR or CVR pass date & status, member in good standing, and the date of applicant's present continuing education cycle. This letter should be mailed directly to the Office of Judicial Administration from the association.

c. That applicant holds a valid and unrevoked certificate as a certified shorthand reporter or certified court reporter issued under the laws of any other State or Territory of the United States. (**Attach copy of certificate.**) **If seeking Kansas certification in Kansas, remember to request that the licensing state complete the Application for Certification on Motion and return it to OJA.**

13. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to serve as a Certified Court Reporter in a competent manner?
Yes _____ No _____ If "yes," explain.

If you answer any part of question 14 “yes,” attach a statement giving dates, court or proceeding, the full facts, including disposition, and the name and address of the person or entity in possession of the record.

14. _____ a. Has a court ever found that you violated a fiduciary duty?
 Yes or No
- _____ b. Have you ever been adjudicated a juvenile offender?
 Yes or No
- _____ c. Have you ever been convicted of a felony or misdemeanor (except traffic
 Yes or No infractions)?
- _____ d. Are you presently on probation, parole, or diversion for *any* violation,
 Yes or No including a misdemeanor?

15. The following five persons have known me for two (2) or more years, and have knowledge of my character, integrity, morality, general reputation, and record for meeting my financial obligations promptly. **I consent that inquiry may be made of them with full disclosure by them concerning these matters.** (Do not list relatives, by marriage or blood, or those who have executed the form “Certificate of Character.”)

Print name, complete address, zip code, phone number, and years known.

<u>Name:</u>	<u>Address:</u>	<u>Phone Number:</u>	<u>Number of years known:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

16. If applying to take the next regular examination, list the equipment which you will bring to the examination. (The Board of Examiners of Court Reporters furnishes no equipment or paper for the examination.)

- | | |
|---|---|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Steno machine/Mask |
| <input type="checkbox"/> Printer | <input type="checkbox"/> USB drive |
| <input type="checkbox"/> Power/Charging cords | <input type="checkbox"/> Extension cord(s) |
| <input type="checkbox"/> Printer cables | <input type="checkbox"/> Other: _____ |

17. If seeking Kansas certification based on certification in another state (See Rule 309(d)), provide proof of the following:
- a. passage of another state’s examination equivalent to or more stringent than the current Kansas exam, and
 - b. proof of passage of the other state’s exam within three years prior to application in Kansas or proof of five years’ experience as a court reporter.

Submit the Application for Certification on Motion to the licensing agency of the state from which you are requesting certification recognition. Please read the instructions on that application carefully. You must complete page 1 and send it to the licensing agency for them to complete their portion. BOTH PAGES OF THAT APPLICATION MUST BE RECEIVED DIRECTLY FROM THE LICENSING AGENCY OF THE STATE FROM WHICH YOU ARE REQUESTING CERTIFICATION RECOGNITION.

I SPECIFICALLY AUTHORIZE THE BOARD OF EXAMINERS OF COURT REPORTERS OF THE STATE OF KANSAS OR ITS DESIGNEE(S) TO OBTAIN ANY INFORMATION FROM MY OFFICIAL RECORD OF ANY PAST OR PRESENT EMPLOYER WHICH MAY HAVE A BEARING ON MY CHARACTER AND FITNESS, AND I HEREBY CONSENT TO AND AUTHORIZE THE RELEASE OF ANY SUCH INFORMATION.

I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO ADVISE THE OFFICE OF JUDICIAL ADMINISTRATION OF EVENTS WHICH WOULD CHANGE MY RESPONSE TO ANY QUESTION ON THIS APPLICATION FOR EXAMINATION FOR CERTIFICATE AS CERTIFIED COURT REPORTER.

 Applicant’s Signature (SIGN IN BLUE INK)

STATE OF _____
 _____ ss:
 COUNTY OF _____

I, _____, the applicant above named, do solemnly swear that I signed the above and foregoing application; that I have read the application; and that all statements therein made are true. So help me God.

 Applicant’s Signature (SIGN IN BLUE INK)

Subscribed and sworn to before me this _____ day of _____, 20 ____.

 Notary Public

My commission expires: _____

**BOARD OF EXAMINERS OF COURT REPORTERS OF THE STATE OF KANSAS
AUTHORIZATION AND RELEASE**

I, _____, born at _____,
_____ (City)

_____, on _____,
(State) (Date of Birth)

having filed an application for certification as a court reporter in the State of Kansas, hereby consent to have an investigation made as to my moral character, professional reputation, and fitness for certification by the Supreme Court as a court reporter in the State of Kansas, all of which will be reported only to the Board of Examiners of Court Reporters of the State of Kansas. I agree to give any further information which may be required in reference to my past record. I understand that the contents of my character report are confidential.

I hereby authorize and request every educational, or other institution, hospital, or other medical facility, physician, person, firm, company, corporation, governmental agency, police authority, court, association or institution having control of any documents, records and other information requested by the Board of Examiners of Court Reporters of the State of Kansas to furnish to them such information or records, including documents, certification files, medical records and physician's reports, credit history reports, all criminal history records, and any other pertinent data so requested, and to permit them or any of their agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record to release to the Board of Examiners of Court Reporters of the State of Kansas any requested information or photo copies from my military personnel and related medical records. This could include a photocopy of my DD form 214, Report of Separation. My serial number and branch of the military were: _____

I hereby release, discharge and exonerate the Board of Examiners of Court Reporters of the State of Kansas, their agents and representatives, and any party furnishing information from liability arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Board of Examiners of Court Reporters of the State of Kansas.

I hereby acknowledge that I am executing this document and do hereby authorize that it may be copied by the Board of Examiners of Court Reporters of the State of Kansas and that said copies may be used and accepted as originals in the same manner and for the same purpose as if they were the original of this document.

I have read the foregoing document and have answered all questions. The answers are complete and truthful of my own knowledge.

Signature of Applicant (SIGN IN BLUE INK)

STATE OF _____)
COUNTY OF _____)
Subscribed and sworn to before me this _____ day of _____, 20____.
_____ Notary Public (SIGN IN BLUE INK)
My Commission expires: _____

CERTIFICATE OF CHARACTER

Affiants must have known the applicant for a period of not less than 2 years.

(Relatives, by marriage or blood, are not acceptable as affiants,
nor are the individuals listed in Question 15.)

In the Matter of the Application of:

FOR APPLICATION FOR CERTIFICATION AS CERTIFIED COURT REPORTER

1. Name of Attesting Party _____

Residence Address _____
Street City State Zip

Phone Number _____ Occupation _____

2. How long have you known the applicant? _____

3. What relationships (such as employer, social friend, co-worker, and the like) have you had with the applicant which have aided you in forming any opinion of his/her character?

4. Do you believe the applicant to be of good moral character and habits and one in whom trust and confidence can be fully reposed? ___Yes ___No If your answer is "no", explain in detail.

5. If you desire, please expand upon any of the foregoing answers or add any comments or information which you believe will assist the Kansas Board of Court Reporters.

Date: _____

Signature of Affiant (SIGN IN BLUE INK)

STATE OF _____

ss:

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the above county and state, this _____ day of _____, 20____.

Notary Public (SIGN IN BLUE INK)

My commission expires: _____

CERTIFICATE OF CHARACTER

Affiants must have known the applicant for a period of not less than 2 years.

(Relatives, by marriage or blood, are not acceptable as affiants,
nor are the individuals listed in Question 15.)

In the Matter of the Application of:

FOR APPLICATION FOR CERTIFICATION AS CERTIFIED COURT REPORTER

6. Name of Attesting Party _____

Residence Address _____
Street City State Zip

Phone Number _____ Occupation _____

7. How long have you known the applicant? _____

8. What relationships (such as employer, social friend, co-worker, and the like) have you had with the applicant which have aided you in forming any opinion of his/her character?

[Empty rectangular box for answer to Question 8]

9. Do you believe the applicant to be of good moral character and habits and one in whom trust and confidence can be fully reposed? ___Yes ___No If your answer is "no", explain in detail.

[Empty rectangular box for answer to Question 9]

10. If you desire, please expand upon any of the foregoing answers or add any comments or information which you believe will assist the Kansas Board of Court Reporters.

Date: _____

Signature of Affiant (SIGN IN BLUE INK)

STATE OF _____

ss:

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the above county and state, this _____ day of _____, 20____.

Notary Public (SIGN IN BLUE INK)

My commission expires: _____

CERTIFICATE OF CHARACTER

Affiants must have known the applicant for a period of not less than 2 years.

(Relatives, by marriage or blood, are not acceptable as affiants,
nor are the individuals listed in Question 15.)

In the Matter of the Application of:

FOR APPLICATION FOR CERTIFICATION AS CERTIFIED COURT REPORTER

11. Name of Attesting Party _____

Residence Address _____
Street City State Zip

Phone Number _____ Occupation _____

12. How long have you known the applicant? _____

13. What relationships (such as employer, social friend, co-worker, and the like) have you had with the applicant which have aided you in forming any opinion of his/her character?

14. Do you believe the applicant to be of good moral character and habits and one in whom trust and confidence can be fully reposed? ___Yes ___No If your answer is "no", explain in detail.

15. If you desire, please expand upon any of the foregoing answers or add any comments or information which you believe will assist the Kansas Board of Court Reporters.

Date: _____

Signature of Affiant (SIGN IN BLUE INK)

STATE OF _____

ss:

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the above county and state, this _____ day of _____, 20____.

Notary Public (SIGN IN BLUE INK)

My commission expires: _____