BOARD OF EXAMINERS OF COURT REPORTERS OF THE STATE OF KANSAS



Application for Certification on Motion

Instructions: Application for certification in Kansas based on certification in another state is a two-step process. **First**, the applicant must complete the Kansas Application for Certification as a Certified Court Reporter, and submit it with the required filing fee. **Second**, the applicant must complete Part I of this application and have the Licensing Agency complete Part II. The Licensing Agency should return this application **directly to the Board of Examiners of Court Reporters of the State of Kansas**.

Part I – Applicant					
Complete Part I of this form and have it notarized. Forward this application to the Board or Agency of the jurisdiction in which you are					
currently licensed or certified for completion of Part II.					
1. Name: Last First Middle	2. Date of Birth3. Social Security No.				
4. Address: (Street, City, State, and Zip Code)	mm dd yyyy 5. Phone Number:				
4. Address. (Street, City, State, and Zip Code)	()				
6. E-Mail Address:	7. Optional Phone Number:				
	()				
8. Name as it appears on your licensure or certification from the jurisdiction to	9. License/Certification Number:				
which this form is being forwarded:					
10. I am applying for certification in Kansas by virtue of my licensure	11. Certification Date:				
or certification by the State of	/ /				
	mm dd yyyy				
12. Current Licensure Status:					
Active/Current Inactive/Lapsed (explain) Suspended (explain)	Revoked (explain) Other (explain)				
If necessary, attach a separate sheet of paper detailing explanation for an	y status other than Active/Current.				
13. I authorize the release of any information by the Board or Agency to process					
must pass the written knowledge and procedures test before I can be certified in t					
Applicant's Signature Date					
Applicant's Signature Date					
Applicant's Signature Date					
Applicant's Signature Date State of					
State of					
State of					
State of County of	sworn, state that I have read the foregoing				
State of County of I,, being duly application and attached exhibits, if any, and have made each statement therein and article of the statement the stat	nswered each question therein fully and frankly				
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Part II – Licensing Agency (This form must be completed based on the certification requirements in effect on the date this applicant was certified in your state.)

Please complete Part II of this form and return	n completed application to: F	Roard of Examiners o	f Court Repor	ters of t	the Stat	e of Kansas	
Please complete Part II of this form and return completed application to: Board of Examiners of Court Reporters of the State of Kansas, Attn: Secretary, Board of Examiners of Court Reporters, Office of Judicial Administration, 301 SW 10 th Ave., Topeka, KS 66612							
Please DO NOT return this form to the applicant.							
13. The applicant is licensed under the method of:		2. The applicant is certified in/by the State of:					
Machine ShorthandVoice Writing							
Other (please explain)							
3. Licensed by:	4. Type of Exam Taken:	5. Date Passed	6. Date Passed 7. Date		te		
Exam	Skills/Dictation	Skills Exam:	Written Exam: Certification				
Endorsement	Written				Expir	es:	
Other ()	Both	/ / mm dd yyyy	/ / mm dd yy	ууу	/ /	dd / yyyy	
8. Certification Results:	Words Per Minute	Accuracy %	Two	# of E		Exam	
	Required:	Required:	Voice:	Allov	wed:	Results:	
Literary:			Y_N				
Jury Charge:			Y _ N				
Q & A:			Y _ N				
9. The applicant is licensed under the name of:							
10. Have there ever been any formal sanctions imposed against the applicant, including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction, or limitation?							
Yes No (If yes, please attach a certified copy of disciplinary action.)							
11. Applicants are required to pass all 3 portions of skills exam at one time: Yes No							
(If "no", please attach documentation detailing exam requirements for your state.)							
12. The applicant is licensed under the method of:							
Machine Shorthand Voice Writing Other (please explain)							

I certify that the information contained herein is true and correct according to the official records of the Board or Agency.

Print Name	Title
Signature	Date
Agency/Board	-
Street Address	-
City, State, Zip	Seal
Phone Number	-