

# 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 Birth ____/____/____ mm   dd   yyyy	3. Social Security No. _____-____-____
4. Address: (Street, City, State, and Zip Code)	5. Phone Number: (____) _____-_____	
6. E-Mail Address:	7. Optional Phone Number: (____) _____-_____	
8. Name as it appears on your licensure or certification from the jurisdiction to which this form is being forwarded:	9. License/Certification Number:	
10. I am applying for certification in Kansas by virtue of my licensure or certification by the State of _____.	11. Certification Date: ____/____/____ mm   dd   yyyy	
12. Current Licensure Status: Active/Current      Inactive/Lapsed (explain)      Suspended (explain)      Revoked (explain)      Other (explain) <b>If necessary, attach a separate sheet of paper detailing explanation for any status other than Active/Current.</b>		
13. <b>I authorize the release of any information by the Board or Agency to process this application. I further understand that I must pass the written knowledge and procedures test before I can be certified in the State of Kansas.</b>		
_____ Applicant's Signature	_____ Date	

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state that I have read the foregoing application and attached exhibits, if any, and have made each statement therein and answered each question therein fully and frankly and without concealment or reservation, and such answers are, within my personal knowledge, true and complete.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**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 completed application to: Board of Examiners of Court Reporters of the State of Kansas, Attn: Heather L. Smith, Appellate Court Clerk, 301 SW 10<sup>th</sup> Ave., Room 374, Topeka, KS 66612

**Please DO NOT return this form to the applicant.**

13. The applicant is licensed under the method of: <input type="checkbox"/> Machine Shorthand <input type="checkbox"/> Voice Writing  <input type="checkbox"/> Other (please explain)		2. The applicant is certified in/by the State of:			
3. Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other ( _____ ) Description	4. Type of Exam Taken: <input type="checkbox"/> Skills/Dictation <input type="checkbox"/> Written <input type="checkbox"/> Both	5. Date Passed Skills Exam:  ____/____/____ mm dd yyyy	6. Date Passed Written Exam:  ____/____/____ mm dd yyyy	7. Date Certification Expires:  ____/____/____ mm dd yyyy	
8. Certification Results:	Words Per Minute Required:	Accuracy % Required:	Two Voice:	# of Errors Allowed:	Exam 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please attach a certified copy of disciplinary action.)</i>					
11. Applicants are required to pass all 3 portions of skills exam at one time: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no", please attach documentation detailing exam requirements for your state.)</i>					
12. The applicant is licensed under the method of:  <input type="checkbox"/> Machine Shorthand <input type="checkbox"/> Voice Writing <input type="checkbox"/> 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

\_\_\_\_\_  
Phone Number

*Seal*