



CONTINUING EDUCATION



PARTICIPATION VERIFICATION AND CREDIT REQUEST

This form is to be submitted in the interest of fulfilling the Continuing Education Requirements of Court Reporters certified by the Florida Court Reporters Association.

Court Reporter Information:

Name: _____

Address: _____

City/State/Zip Code: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Continuing Education Activity Evaluation Fee:

If the course is NCRA or NVRA approved, submission of the completion certificate or the NCRA or NVRA transcript can be submitted with no additional paperwork.

If not available, the second page of this form and supporting documentation is sufficient

No payment is required for submission of NCRA or NVRA approved courses.

Check all that apply	Type of Activity	Members submitting activity	Non-Members submitting activity
	<i>The Florida Reporter</i> Article	\$25	\$35
	Teaching/Presentation of a Course	\$25	\$35
	Promoting the Profession to External Audiences	\$25	\$35
	Pro Bono Work (Max of 1.00 CEUs per Cycle)	n/c	\$35
	Board Member (Max of 1.00 CEUs per Cycle)	\$25	\$35
	Committee Chair (Max of 0.5 CEUs per Cycle)	\$25	\$35
	Committee Member (Max of 0.25 CEUs per Cycle)	\$25	\$35
	CPR Certification (Max of 1.00 CEUs per Cycle)	\$25	\$35
	First Aid (Max of 1.00s CEU per Cycle)	\$25	\$35
	College Course	\$25	\$35
	Correspondence/Distance Course	\$25	\$35
	Adult Education Course	\$25	\$35
	Seminar (Not NCRA pre-approved)	\$25	\$35
	Online/Computer Based Course	\$25	\$35
	Software/Computer Training	\$25	\$35
	Other: _____	\$25	\$35

Name as Printed on Card: _____

SELECT PAYMENT TYPE

Account Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____



Personal Check

For Office Use Only

Date: _____ Amount: _____

Check #/Authorization #: _____

Please allow 2-3 weeks for your request to be processed and entered in your record.



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Continuing Education Provider Information:

Name of Provider: _____

Address: _____

Telephone: _____

Title of Seminar/Class/Program: _____

Location of Activity: _____

Date of Activity: _____

Start Time: _____ End Time: _____

Total Hours of Instruction: _____ (Do not include rest breaks, meal periods, or other non-educational activities)

Name of Instructor: _____

Qualifications of Instructor: _____

Required Signatures:

I certify this information and all attachments to be correct, to the best of my knowledge.

Instructor/Provider Signature: _____

Reporter Name: _____ Reporter Signature: _____

Attach Documentation

Attach all supporting documentation in the following order:

- Complete Credit Request Form
- Copy of Program Schedule or Agenda
- Outline of Subjects covered
- Verification of attendance (report card, certificate of completion, letter from instructor/provider...)
- Evaluation Fee

***No supporting documentation or fee is required for NCRA- or NVRA-approved courses.**

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**Email: FPRquestions@fcraonline.org
www.fcraonline.org**