Certified Shorthand Reporting Form 3

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Certification of Examination Grades

Applicant Instructions: Complete Section I in ink. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 6 before sending this form to the National Court Reporters Association and ask that they complete Section II and forward this form directly to the Office of the Professions at the address at the end of the form. Be sure to include any fee required by the National Court Reporters Association. **This form will not be accepted if submitted by the applicant.**

Section I: Applicant Information

1 **Social Security Number**
(Leave this blank if you do not have a U.S. Social Security Number)

2 **Birth Date** Month Day Year

3 **Print Name**

Last
First
Middle

4 **Mailing Address**

Line 1
Line 2
Line 3
City
State Zip Code
Country/ Province

5 **Telephone/E-Mail Address**

Daytime phone
Area Code Phone

E-mail Address (please print clearly)

6 I request and give permission to the National Court Reporters Association to complete Section II of this form and send the completed form to the Office of the Professions at the address at the end of this form.

Applicant Signature: _____ Date: _____

Section II: Certification of Grades - Instructions to examination body: The properly authorized officer of the entity in which the examination was passed must complete this section, sign and date the certification, and submit this form **directly** to the Office of the Professions at the address at the end of this form. This form will **not** be accepted if submitted by the applicant.

This is to certify that _____ received the following grades on the Registered Professional Reporter examination sections. The grades were as follows (attach additional sheets if necessary):

RPR	Written Knowledge (WKT)	Skills: Literary	Skills: Jury Charge	Skills: Testimony/Q&A
Date & Grade				
Date & Grade				
Date & Grade				

Certification: I certify that to the best of my knowledge and belief the foregoing is a true statement of the examination record of the applicant named on this form.

Signature: _____ Date: _____

Print Name: _____

Title or official position: _____

Telephone: _____ Fax: _____ E-mail: _____

Return Directly to: The New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Certified Shorthand Reporting Unit, 89 Washington Avenue, Albany, NY 12234-1000