APPLICATION FOR CERTIFICATION UNDER SUBSTANTIAL EQUIVALENCE PROVISIONS

Instructions
1. If you are an applicant for certification by military reciprocity under Iowa Court Rule 46.16, complete Sections 1, 2, 3, and 4. If you are an applicant for certification by general reciprocity under Iowa Court Rule 46.17, complete sections 1, 2, and 4. (Type or Print)
2. Mail application and $200.00 fee, plus requested verification to: Iowa Board of Examiners of Shorthand Reporters, 1111 East Court Avenue, Des Moines, Iowa 50319. (Make check or money order payable to Shorthand Reporters Board).
3. Application must be on file 30 days prior to exam, unless the board for good cause grants an applicant additional time to file or otherwise waives the 30-day filing deadline. Good cause for this purpose shall include illness, military service, unavoidable casualty or misfortune or other grounds beyond the control of the applicant.

SECTION 1
Name _______________________________________________
  Last _______________________________________________
  First _______________________________________________
  Middle _____________________________________________
Maiden/Former Names ________________________________
E-Mail Address _______________________________________
Home Street Address ___________________________________
Home City, State, Zip ___________________________________
Social Security Number ________________________________
Date of Birth _________________________________________
Office Street Address ___________________________________
Office City, State, Zip ___________________________________
Cellular Tel. (____) ___________________________________
Home Tel. (____) _____________________________________
Original Certification Date in Other State ________________
Expiration Date of Certification in Other State ______________
Method of Shorthand ___________________________________
School Tel. (____) _____________________________________
Desired CSR Written Examination Date _________________
_______________________________________________________________________________________
_____________________________________________________
FOR BOARD USE ONLY
SCORES OF CSR EXAMINATION
(Scores by Section Transcribed)
No. Correct ________ No. of Errors ________ Percent Correct ________
WRITTEN

REGISTRATION
Receipt No. ___________________
Check No. ___________________

APPLICANT STATUS FOLLOWING THIS EXAMINATION

☐ GRANTED A CSR certificate based upon certification in another state with substantially equivalent skills examination and based upon the information contained in this application (See verifications) Dated written passed ______________ Date certified ______________

☐ FAILED to pass the written examination.

________________________________________________________
Secretary of Board of Examiners of Shorthand Reporters
I hereby make application for certification as an Iowa Certified Shorthand Reporter and state:

SECTION 2
TO BE COMPLETED BY ALL APPLICANTS FOR CERTIFICATION BY RECIPROCITY

1. Check either or B:
   □ A. I passed the Iowa CSR written knowledge examination within the past five years. Date passed __________________. Last name, if different now, was __________________.
   □ B. I am applying to take only the written knowledge portion of the Iowa CSR examination.

2. I hold an unrestricted certificate, permit, or license that authorizes me to engage in the profession of stenographic shorthand reporting from a jurisdiction that has requirements for certification that are substantially equivalent to the certification requirements in Iowa. (Attach a copy of your certificate, permit, or license from that jurisdiction.)

3. In the jurisdiction that issued my certificate, permit, or license to engage in stenographic shorthand reporting, an applicant for certification must demonstrate, by examination administered by the licensing authority, proficiency in shorthand equivalent to the standard of the National Court Reporters Association for the earned designation of Registered Professional Reporter. (Attach a copy of the statute, rule, or other authority that describes the standards of the examination administered in that jurisdiction.)

4. My certificate, permit or license to engage in the profession of stenographic shorthand reporting is in good standing and current with respect to continuing education in the jurisdiction in which it was issued. (Attach a photocopy of either your membership card if it shows your license expiration date, your continuing education update form, or a certificate of good standing from that jurisdiction.)

SECTION 3
TO BE COMPLETED ONLY BY APPLICANTS FOR CERTIFICATION BY MILITARY RECIPROCITY

1. Check:
   □ I am a veteran, as defined in Iowa Code section 35.1(2). I have attached documentation verifying my status as a veteran. Please consider my application under the veteran reciprocity provisions of Iowa Court Rule 46.16.

SECTION 4
TO BE SIGNED BY ALL APPLICANTS

I declare under penalty of perjury that:

1. The foregoing statements, as well as any attached verifications, are true to the best of my knowledge and belief.

2. I have not been convicted of any misdemeanor related to profession of shorthand reporting or any felony, or if I have, I am attaching hereto the information relative to the court and date of judgment. (Iowa Code section 602.3105 and Iowa Court Rule 46.13)

3. Any reporting certificates held by me have neither been revoked nor suspended, nor has any disciplinary action been taken against me anywhere. If so, I have attached all information relevant to the action taken.

Dated this _________ day of ____________, 20 _______.

___________________________________________
Applicant for CSR Certification (Sign in ink)