



**Louisiana Board of Examiners
of Certified Shorthand Reporters**

1450 Poydras Street, Ste 630 • New Orleans, LA 70112 • (504) 568-2650



**REGISTRATION FOR CERTIFIED DIGITAL
REPORTER TESTING
2021**

| | | | | | | |
|---|---|---|--|------|----------|---|
| PLEASE PRINT | | | DATE: | / / | | |
| NAME: (Legal Name) | | SHORTHAND METHOD: | | CDR | | |
| Last: | | Have you ever taken a La. CCR or CDR exam before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, most recent date: _____ | | | | |
| First: | Middle: | | | | | |
| PERSONAL INFORMATION | | | | | | |
| Address: | | City: | State: | Zip: | | |
| Home Phone: | | Cell Phone: | Fax: | | | |
| E-mail Address: | | | | | | |
| SSN: | DOB: | / / | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What court reporting schools have you attended? (List school names & dates) | | _____ | | | | |
| Do you hold or have you ever held a court reporting certificate from Louisiana or another State? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">If "Yes"</td> <td>State: _____ Cert. No. _____ Date of issuance: _____ Issuing authority: _____</td> </tr> </table> | | | If "Yes" | State: _____ Cert. No. _____ Date of issuance: _____ Issuing authority: _____ |
| If "Yes" | State: _____ Cert. No. _____ Date of issuance: _____ Issuing authority: _____ | | | | | |
| Have you ever been convicted of a felony under the laws of the United States or any State? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">If "Yes"</td> <td><i>explain in detail:</i> _____ _____ _____</td> </tr> </table> | | | If "Yes" | <i>explain in detail:</i> _____ _____ _____ |
| If "Yes" | <i>explain in detail:</i> _____ _____ _____ | | | | | |
| EQUIPMENT REQUIREMENTS | | | | | | |
| You will be tested on the type of equipment installed in your court. Equipment Name: _____ | | | | | | |
| <p>**NOTE: All CDR testers must complete both the skills and the written knowledge portions of the examination in full. Once the Written Knowledge portion is passed, you will not have to retake. All 3 skills portions must be passed in one sitting.</p> <ul style="list-style-type: none"> Registration forms must be received at the Board Office and must be accompanied by a copy of your high school diploma or equivalency. Registration forms received incomplete will prolong the scheduling process. Failure to complete application in full or providing false information may result in disqualification. <p>Judge or Judicial Administrator Signature & Print</p> <hr/> <p>Phone Number: _____ Court Name: _____ Applicant Signature: _____</p> | | | FEES (check one) | | | |
| | | | <input type="checkbox"/> Full Examination (\$265) ** | \$ | | |
| | | | <input type="checkbox"/> Skills Examination Only (\$125) | \$ | | |
| | | | <input type="checkbox"/> Written Knowledge Only (\$140) | \$ | | |
| | | | TOTAL AMOUNT ENCLOSED | | \$ | |
| Make check payable to: LA CSR BOARD 1450 POYDRAS STREET, STE 630 NEW ORLEANS, LA 70112 | | | | | | |