

**LOUISIANA BOARD OF EXAMINERS  
OF CERTIFIED SHORTHAND REPORTERS**

**PROVIDER APPLICATION**

This application is to be used for requesting provider approval of a seminar from the CSR BOARD. A seminar provider may not advertise their seminar as approved for Louisiana c. e. credits without the express permission of the CSR BOARD. Please provide all required documentation as stated in the Provider Application Process page.

DATE: \_\_\_\_\_

NAME OF PROVIDER: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

DATE AND LOCATION OF PROGRAM: \_\_\_\_\_

\_\_\_\_\_

IS SEMINAR REGISTRATION OPEN TO ALL CCR'S: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

NCRA APPROVAL. YES \_\_\_\_\_ NO \_\_\_\_\_

NVRA APPROVAL. YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, ATTACH COPY OF APPROVAL.** APPROVAL MUST REFLECT NUMBER OF CREDITS TO BE ISSUED.

**ADDITIONAL ITEMS TO BE ATTACHED:**

A COPY OF YOUR AGENDA, A DESCRIPTION OF PROVIDER'S EXPERIENCE & QUALIFICATIONS, A DESCRIPTION OF THE REGISTRATION & COURSE ATTENDANCE PROCEDURES, A COPY OF THE EVALUATION FORM, A COPY OF THE PROVIDER VERIFICATION FORM, THE NAMES AND QUALIFICATIONS OF INSTRUCTORS, IDENTIFYING WHICH COURSES, A SIGNED STATEMENT FROM PROVIDER AGREEING TO SUBMIT TO THE CONTINUING EDUCATION COMMITTEE WITHIN 15 DAYS AFTER THE TRAINING A LIST OF CERTIFICATE HOLDERS WHO ATTENDED THE TRAINING AND THE NUMBER OF CREDIT HOURS EACH ARE ELIGIBLE, A SUMMARY OF THE EVALUATION RESPONSES.

SEMINAR CHAIR OR CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

EMAIL: \_\_\_\_\_