

**REQUEST FOR APPROVAL OF A CONTINUING EDUCATION ACTIVITY**

**No Fee is Required for Submission of This Request**

**Submit this application to: Iowa Board of Examiners of Shorthand Reporters, Judicial Branch Building, 1111 East Court Avenue, Des Moines, Iowa 50319**

**Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_**

**Maiden \_\_\_\_\_ Former Names: \_\_\_\_\_**

**Mailing Address: \_\_\_\_\_ CSR License Number: \_\_\_\_\_**

**City, State, Zip \_\_\_\_\_ CSR Date: \_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_**

**Telephone Numbers: Office \_\_\_\_\_ Home \_\_\_\_\_**

**(If a reporter): I request credit toward my continuing education requirement for the calendar year of 20\_\_\_\_ due to my completion of \_\_\_\_\_, which was not sponsored or approved by the National or Iowa Court Reporters Associations.**

**(If an event sponsor): I request approval of continuing education credit for the following education event, which was not sponsored or approved by the National or Iowa Court Reporters Associations.**

**NOTE: A brochure or other written description of the activity prepared by the sponsor which answers all of the following questions may be submitted with this request in lieu of completing the following questions.**

**SUBMIT FOLLOWING INFORMATION ON SEPARATE SHEET OF PAPER:**

- 1. Name and address of organization conducting the activity.**
- 2. Date and place activity occurred.**
- 3. Hours of educational activity (be specific about times activities commenced and ended).**
- 4. Resume of subjects covered.**
- 5. Names and qualifications of instructor(s).**
- 6. To whom was the program directed.**

**ATTACH THE FOLLOWING APPROPRIATE VERIFICATIONS:**

- 1. A copy of your transcript showing grade.**
- 2. A copy of your certificate of completion.**
- 3. A copy of seminar agenda/program.**
- 4. Written verification of your attendance.**

**I certify the attached information is correct.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.**

\_\_\_\_\_  
**Signature (Sign in ink)**