



CONTINUING EDUCATION



PARTICIPATION VERIFICATION AND CREDIT REQUEST

Court Reporter Information:

This form is to be submitted in the interest of fulfilling the Continuing Education Requirements of Court Reporters certified by the Florida Court Reporters Association.

Name (Last, First): _____

Address: _____

City/State/Zip Code: _____

Home/Cell Telephone: _____ Office Telephone: _____

Email Address: _____

Designation: _____ FPR _____ FPI _____ FPM _____ FPS _____ FPR-S


If the course is NCRA or NVRA approved, the second page of this form and supporting documentation is sufficient (no payment is required).

Continuing Education Activity Evaluation Fee:

Check all that apply	Type of Activity	Members submitting activity	Non-Members submitting activity
___	FCR Article	\$25	\$35
___	Teaching/Presentation of a Course	\$25	\$35
___	Pro Bono Work (Max of 1.00 CEU per Cycle)	\$25	\$35
___	Board Member (Max of 1.00 CEU per Cycle)	\$25	\$35
___	Committee Chair (Max of 0.5 CEU per Cycle)	\$25	\$35
___	Committee Member (Max of 0.25 CEU per Cycle)	\$25	\$35
___	CPR Certification (Max of 1.00 CEU per Cycle)	\$25	\$35
___	First Aid (Max of 1.00 CEU per Cycle)	\$25	\$35
___	College Course	\$25	\$35
___	Correspondence/Distance Course	\$25	\$35
___	Adult Education Course	\$25	\$35
___	Seminar (Not NCRA pre-approved)	\$25	\$35
___	Online/Computer Based Course	\$25	\$35
___	Software/Computer Training	\$25	\$35

Important Information: Credit requests must be submitted on this form and will not be honored without appropriate documentation. You must complete this form to have the activity evaluated and posted to your FCRA/FPR Continuing Education Transcript.

SELECT PAYMENT TYPE

- ___ 
- ___ 
- ___ 
- ___ Personal Check

Name as Printed on Card: _____

Account Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

For Office Use Only:

Date: _____ Amount: _____

Check #: _____

Please allow 2-3 weeks for your request to be processed and entered in your record.



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Continuing Education Provider Information:

Name: _____

Address: _____

Telephone: _____

Title of Seminar/Class/Program: _____

Location of Activity: _____

Date of Activity: _____

Start Time: _____ End Time: _____

Total Hours of Instruction: _____ (Do not include rest breaks, meal periods, or other non-educational activities)

Name of Instructor: _____

Qualifications of Instructor: _____

Required Signatures:

I certify this information and all attachments to be correct, to the best of my knowledge.

Instructor/Provider Signature: _____

Reporter Signature: _____

Attach Documentation

Attach all supporting documentation in the following order:

- Complete Credit Request Form
- Copy of Program Schedule or Agenda
- Outline of Subjects covered
- Verification of attendance (report card, certificate of completion, letter from instructor/provider...)
- Evaluation Fee

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