

STATE OF ARKANSAS  
BOARD OF CERTIFIED COURT REPORTER EXAMINERS  
(BOCCRE)  
625 MARSHALL STREET  
LITTLE ROCK, ARKANSAS 72201  
870-219-6424  
[arboccre@arcourts.gov](mailto:arboccre@arcourts.gov)  
(Effective January 1, 2024)

APPLICATION FOR EXAMINATION FOR  
CERTIFIED COURT REPORTER

PLEASE SELECT THE DATE YOU PLAN TO TEST

\_\_\_\_ February 1-2, 2025

**NOTE: APPLICATION, FEE, AND BACKGROUND CHECK MUST BE RECEIVED BY  
January 3, 2025**

\_\_\_\_ June 14-15, 2025

**NOTE: APPLICATION, FEE, AND BACKGROUND CHECK MUST BE RECEIVED BY  
May 9, 2025**

\_\_\_\_ October 4-5, 2025

**NOTE: APPLICATION, FEE, AND BACKGROUND CHECK MUST BE RECEIVED BY  
September 5, 2025**

**CHECKLIST AND INSTRUCTIONS FOR  
CERTIFIED COURT REPORTER EXAM APPLICATION**

The Board of Certified Court Reporter Examiners requires a certified state criminal background check from all applicants seeking certification. That background check must be dated within 12 months of the exam date.

**STATE OF ARKANSAS APPLICANT:**

In-state applicants shall obtain a certified background check from the Arkansas State Police and include it with the application for certification.

Applications will not be approved until a certified state background check is completed and received by the Board.

**\*\*Please Note:** Background checks are valid for one year from the submission date. However, failing to disclose any changes, could result in your application being disqualified.

**NONRESIDENT APPLICANT:**

Out-of-state applicants must submit a certified background check from the state of residence from a governmental agency approved by the Board.

Applications will not be approved until a certified state background check is completed and received by the Board

**APPLICATION CHECKLIST:**

- \_\_\_ Application (signed and notarized)
- \_\_\_ Completed background check in compliance with above information
- \_\_\_ Use of Electronic Equipment Statement and Agreement (signed)
- \_\_\_ Photocopy of your drivers license or state ID card
- \_\_\_ Check or money order payable to BOCCRE, for application fee in the amount of \$75 for in-state applicants or \$150 for out-of-state applicants to:

Michelle Weise  
Supreme Court Licensing Director  
625 Marshall Street  
Little Rock, Arkansas 72201

**APPLICATION FOR EXAMINATION FOR  
CERTIFIED COURT REPORTER**

**PLEASE PRINT OR TYPE**

Name: \_\_\_\_\_

P.O. Box or Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Method of verbatim reporting:

- Voice
- Steno Machine

Are you certified in or have you reported in any other state?

- Yes
- No

If yes, provide the following:

- State: \_\_\_\_\_
- Type of Certification: \_\_\_\_\_
- Certificate Number: \_\_\_\_\_
- Date Certified: \_\_\_\_\_
- Currently in good standing:
  - Yes -- Effective date: \_\_\_\_\_
  - No

**EMPLOYMENT HISTORY**

For the previous 10 years, list present and past employment, beginning with the most recent:

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**EDUCATION AND PROFESSIONAL TRAINING**

List highest education achieved and professional training, beginning with the most recent:

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**COURT REPORTER TRAINING**

Where did you receive your training, if any?

- Mentor
- Self-taught
- Online
- Other, please list: \_\_\_\_\_
- School, please list: \_\_\_\_\_

**BACKGROUND INFORMATION**

- Have you ever had a professional license or certificate of any kind suspended, revoked, surrendered, refused, or denied in any jurisdiction?  
 Yes \_\_\_\_\_  
(Please explain)  
 No
- Is there any investigation pending against a professional license or certificate issued to you in any jurisdiction?  
 Yes \_\_\_\_\_  
(Please explain)  
 No

**ELIGIBILITY REQUIREMENTS**

I am:

- At least 18 years of age  
 Yes  
 No
- Of good moral character  
 Yes  
 No

If you have not responded "yes" to each of the foregoing statements, please explain:

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- I have: (please explain in detail below) **OR**
- I have not:

- Been adjudicated or found guilty, or entered a plea of guilty to or nolo contendere to, any felony, or to any misdemeanor that reflects adversely on the applicant's honesty, trustworthiness, or fitness as a reporter in other respects, or to any crime, a necessary element of which, as determined by the statutory or

common law definition of the crime, involves interference with the administration of justice, false swearing, misrepresentation, fraud, deceit, bribery, extortion, misappropriation, theft, or an attempt, conspiracy or solicitation of another to commit a felony.

Explanation of foregoing response:

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**PERSONAL REFERENCES**

**Please submit a personal letter of recommendation, a peer letter of recommendation, and an employment letter of recommendation.**

**PERMISSION**

If your test results earn a certification, the Board would like to publish your name in a list of newly certified court reporters.

- Yes, publish my name.
- No, please do NOT publish my name.

**ORIENTATION**

I understand that prior to receiving my certification, I must attend an orientation administered by the Board of Certified Court Reporter Examiners, which will be held in Little Rock, Arkansas, or via Zoom presentation, at the discretion of the Board.

Does applicant require assistance with the testing process due to special needs or ADA requirements?

- Yes (documentation will be required)
- No

I swear/attest that the information contained in this application is true and factual to the best of my knowledge.

\_\_\_\_\_

Applicant signature Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN to before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public

My Commission Expires:

\_\_\_\_\_

## USE OF ELECTRONIC EQUIPMENT STATEMENT AND AGREEMENT

### I UNDERSTAND AND AGREE:

If I use any type of electronic equipment during the examination, including, but not limited to, a laptop computer, digital recorder, steno machine with computer aided transcription software, I must complete, sign, and file this Electronic Equipment Statement and Agreement with the attached application for examination.

I understand that Wi-Fi shall not be used at the test site.

I understand that I will not save the exam on my computer or other equipment and I will not leave the exam site with a copy of the exam in any form, electronic or otherwise, including but not limited to Dropbox, OneDrive, or other cloud storage.

It is my responsibility to understand exactly how my equipment works. The Board/test proctors are not responsible for erasing the exam from my equipment. I acknowledge that a representative of the Board will watch me erase the exam from my equipment.

Other than the flash drive(s) which the Board will provide for use during the examination, I am responsible for furnishing all equipment and supplies necessary for taking this examination, including all electronic equipment, necessary cables, extension cords, and foot pedals.

I will have 3-3/4 hours to complete the transcription of three segments, with 1-1/4 hour (75) minutes allowed for each section of the dictation exam.

If any of my equipment malfunctions, I am not allowed to use or borrow equipment from other test applicants. Any equipment malfunction is my responsibility and the test proctors will not assist me in correcting or repairing the malfunction. Said malfunction may result in me being disqualified. I will be allowed 30 minutes from the start of the test to correct any malfunction. If I cannot correct or resolve the problem within this time, I will leave the test room at the conclusion of the 30-minute period.

### DISQUALIFICATION:

Reasons for disqualification include but are not limited to:

Outside microphones, room recordings of any kind, and open or concealed recording devices that record anything other than the Applicant's voice will not be tolerated and are grounds for immediate disqualification.

Unauthorized departure from the test room will result in disqualification of entire test.

### TYPE OF EQUIPMENT I WILL BE USING:

Laptop computer: \_\_\_\_\_

Digital recorder: \_\_\_\_\_

Name of software: \_\_\_\_\_

Regular recorder: \_\_\_\_\_

Stenomask or steno machine: \_\_\_\_\_

Name of CAT software: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print name

Signature

Date