# STATE OF ARKANSAS BOARD OF CERTIFIED COURT REPORTER EXAMINERS (BOCCRE) 625 MARSHALL STREET LITTLE ROCK, ARKANSAS 72201

870-219-6424

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
 Reference Letters
 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:
A A C I I I A A C C

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 S	Street Address:	
City:	State:	ZIP:
Daytime pho	one number:	
Email addres	SS:	
Method of v	verbatim reporting:	
_	Voice Steno Machine	
Are you cert	ified in or have you reported in any other s	tate?
	Yes No	
If ye	s, provide the following:	
•	State:	
•	Type of Certification:	
•	Certificate Number:	
•	Date Certified:	
•	Currently in good standing:	
	Yes Effective date: No	
	NO	
	EMPLOYMEN	IT HISTORY
For the prev	ious 10 years, list present and past employ	ment, beginning with the most recent:
	EDUCATION AND PRO	ESSIONAL TRAINING
List highest 6	education achieved and professional training	ng, beginning with the most recent:

### **COURT REPORTER TRAINING**

Where did your 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 forego	ping statements, please explain:
I have: (please explain in detail below I have not:	v) OR
contendere to, any felony, or applicant's honesty, trustwo to any crime, a necessary ele common law definition of the administration of justice, fals	uilty, or entered a plea of guilty to or nolo r to any misdemeanor that reflects adversely on the rthiness, or fitness as a reporter in other respects, or ment of which, as determined by the statutory or e crime, involves interference with the se swearing, misrepresentation, fraud, deceit, bribery, theft, or an attempt, conspiracy or solicitation of
Explanation of foregoing response:	
PERSONAL	REFERENCES
-	frecommendation, a peer letter of yment letter of recommendation.
PERM	IISSION
If your test results earn a certification, the Board woul court reporters.  Yes, publish my name.	d like to publish your name in a list of newly certified
No, please do NOT publish my name.	
ORIEN	TATION
I understand that prior to receiving my certification, I Board of Certified Court Reporter Examiners, which we presentation, at the discretion of the Board.	•
Does applicant require assistance with the testing pro	ocess due to special needs or ADA requirements?
Yes (documentation will be required) No	

	Applicant signature	Date
STATE OF		
COUNTY OF		
SUBSCRIBED AND SWORN to bef	ore me, thisday of, 20_	·
May Companies in Euripean	Notary Public	
My Commission Expires:		

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

### **USE OF ELECTRONIC EQUIPMENT STATEMENT AND AGREEMENT**

### I UNDERSTAND AND AGREE:

knowledge.

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