

OREGON JUDICIAL DEPARTMENT
Certified Shorthand Reporters Program

Application for Certification

Please Print

Your name, mailing address, and business phone number are not confidential.

- Mr. Applying for certification in the following reporting method (check one):
- Mrs. Stenographic
- Ms. Voicewriting

Last Name _____ First _____ Initial _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone (optional) _____ Ext _____

Additional Information

To help us ensure ongoing communication with you, we ask that you provide the following information. This information is not required, and you may request that we keep certain information confidential.

E-mail Address _____

Home Address _____

City _____ State _____ Zip _____

Personal Phone _____

At your request, we will maintain the additional information you provided above (if any) for departmental use only and keep the information confidential to the extent possible under Oregon public records law. You may make a request by checking the appropriate boxes below.

- Please keep my e-mail address confidential
- Please keep my home address confidential (not applicable if this is also your mailing address)
- Please keep my personal phone number confidential

Do you possess a high school diploma or GED? Yes No

Have you ever had a shorthand reporter's certification, license, registration, or an equivalent revoked, suspended, resigned, or denied in Oregon or any other jurisdiction? Yes No

Have you ever been convicted of a crime? Yes No

If you answered 'yes', please attach an explanation on a separate sheet. (Conviction for a crime is not automatic grounds for disqualification, but conviction for a crime related to the qualifications, functions, or duties of a shorthand reporter may be grounds for denial of certification.)

QUALIFYING EXAM OR CERTIFICATION

I qualify for certification on the following basis:

- I passed all skills segments of a qualifying exam in the last 24 months.

Exam _____ Date(s) _____

- I have never been Oregon certified but currently hold qualifying national certification.

Certification _____

☛ Enclose proof of your exam dates and results or proof of qualifying certification

CODE OF CONDUCT

I have received a copy of the Code of Conduct for certified shorthand reporters and agree to abide by the code.

Initial here if you agree with the above statement _____

AFFIRMATION

I certify and affirm that I have read the information contained in this form, that I personally completed this application or requested its completion, and that all the statements contained herein are true and complete.

Signature of applicant

Date

Send your application, supporting documentation, and \$150 application fee (payable to the Oregon Judicial Department) to:

Certified Shorthand Reporters Program
Office of the State Court Administrator
Supreme Court Building
1163 State Street
Salem, OR 97301-2563