INSTRUCTION SHEET

CERTIFIED AND RESTRICTED SHORTHAND REPORTER

- **Examination**
  Acceptance of Examination
  Endorsement of License
  Non-Examination - Restricted Shorthand Reporter Certificate
  Restoration

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the instructions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. All Illinois Certified Shorthand Reporter licenses expire on May 31 of every odd-numbered year.

Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.

Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

Note: All documents in a foreign language that are required to be submitted with an application or for other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

NOTICE

Upon receipt of license, the shorthand reporter shall print his or her name and license or restricted license number on each transcript reported.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

EXAMINATION

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

1. Submit certification of graduation from high school or its equivalent.
2. Submit supporting Document **ED-SHR** signed by an official of a shorthand reporter school, if applicable.
3. Supporting document **CT-SHR** must be completed by the jurisdiction of original and current licensure where you have most recently been practicing, if applicable.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART II**. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc.; ***or***

   Apply Directly On-Line. Register for the examination by referring to the Continental Testing Web site (**www.continentaltesting.net**) for information on how to apply for the examination on-line and pay the test fee by credit card.
5. Forward four-page application, supporting documentation, and fee payment to: Continental Testing Services, Inc., P.O. Box 100, LaGrange, Illinois 60525-0100; ***or***

   Apply Directly On-Line. Register for the examination by referring to the Continental Testing Web site (**www.continentaltesting.net**) for information on how to apply for the examination on-line and pay the test fee by credit card.

Note: You **MUST** apply for licensure within one year of notification of passing the examination. If application is not made within one year, the examination grade will be voided and a new examination application, fee and successful completion of the examination will be required.

ACCEPTANCE OF EXAMINATION

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

1. Submit certification of graduation from high school or its equivalent.
2. Submit an official copy of a Registered Merit Reporter Certificate or a Registered Professional Reporter Certificate issued by the National Court Reporter Association, if applicable.
3. Supporting Document **CT-SHR** must be completed by the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing. You are authorized to photocopy the form, if necessary. You must direct the licensing agency/board to return completed document **CT-SHR** directly to you. ***"The Practice of Shorthand Reporting" means reporting by the use of any system of manual or mechanical shorthand writing***. Examinations or licensure based on voicewriting, including but not limited to stenomasks, closed microphones or similar equipment, or audio or video recording, will not be accepted.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART I.** Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

ENDORSEMENT OF LICENSE

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

NOTE: Endorsement applications may require review by and submission of supplemental information to the Certified Shorthand Reporters Board.

1. Submit certification of graduation from high school or its equivalent.
2. Supporting Document **CT-SHR** must be completed by the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing. You are authorized to photocopy the form, if necessary. You must direct the licensing agency/board to return completed document **CT-SHR** directly to you. ***"The Practice of Shorthand Reporting" means reporting by the use of any system of manual or mechanical shorthand writing***. Examinations or licensure based on voicewriting, including but not limited to stenomasks, closed microphones or similar equipment, or audio or video recording, will not be accepted.
3. Submit a copy of the licensing act and rules for registration in the state of original licensure at the time when you were licensed in that state.
4. Fee payment is indicated on the **REFERENCE SHEET, CHART I.** Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

NON-EXAMINATION - RESTRICTED SHORTHAND REPORTER CERTIFICATE

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

1. Submit certification of graduation from high school or its equivalent.
2. Must submit proof of achieving an "A" proficiency rating from the examination issued under the Court Reporters Act.
3. Fee payment is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.
4. The Chief Circuit Judge must submit a written request for a restricted certificate to the Court Reporting Services, 325 West Adams Street, Room 140, Springfield, IL 62704. Enclose the four-page application, supporting documentation, and fee payment.
5. The application, documents and fee will be forwarded to the Illinois Department of Financial and Professional Regulation upon verification of qualifications by Court Reporting Services.

RESTORATION

In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.

IMPORTANT NOTICE

These Restoration Instructions apply only to those certified shorthand reporters whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.

1. Supporting Document **CT-SHR** must be completed by the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed document **CT-SHR** directly to you;

   OR

   Submit affidavits from two members of the bench or bar attesting to your active practice of shorthand reporting for at least one year immediately prior to the date of application, if you have been practicing in a state that does not require licensure.

2. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.

3. Persons restoring their license must also submit proof of 10 hours of continuing education. The C.E. must have been obtained within the 24 months immediately preceding submission of the restoration application. C.E. must be obtained from a C.E. sponsor approved by the Department.

4. Submit copy of DD214 if restoring after active military service.

5. Persons restoring a license after 5 years who do not hold an active license in another jurisdiction may be required to retake and pass the Illinois CSR examination or take and pass the Registered Professional Reporter examination administered by the National Court Reporter Association.

6. Fee payment is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to: Illinois Department of Financial and Professional Regulation.

7. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods	Definition
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

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REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates, filing deadlines and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

Profession Name	Profession Code	Licensure Method	Application Fee
Certified Shorthand Reporter	084	Acceptance of Examination	$ 25.00
Certified Shorthand Reporter	084	Examination	$230.00
Certified Shorthand Reporter	084	Endorsement of License	$ 25.00
Certified Shorthand Reporter	084	Restoration	See Supporting Document **RS**
Restricted Shorthand Reporter	083	Nonexamination	$ 35.00

CHART II - EXAMINATION / APPLICATION

Complete the examination/licensure application and submit it, along with the examination test fee to Continental Testing Service (CTS) where it will be screened for eligibility.

- Access and complete the examination application via the internet at **www.continentaltesting.net** and pay the examination fee with a credit card (VISA or MasterCard).

***NOTE:** The Test Fee is for the cost of the examination only and is not transferrable from one exam date to another. After successful completion of examination, you will be notified of the licensure fee.

- Candidate Handbooks in electronic form are accessible on the CTS or the IDFPR web sites.

* IMPORTANT NOTICE *

The CSR examination allows candidates to use paperless transcription machines and/or Computer Assisted Transcription (CAT) software during this test, but only if you indicate that you plan to use your own portable computer for transcription when you complete the CTS online application to schedule this test. Candidates who do not indicate in the CTS online application that they plan to use their own portable computers for transcription **will** be required to use an onsite computer for transcription and **will not be allowed to** use a paperless transcription machine. CAT software and support for paperless transcription is not available in onsite computers provided by the test center.

All candidates must bring and surrender a USB drive from which their transcript can be printed by a CTS proctor. The USB drive must then be submitted with the printed transcript.

SEE PAGE 2 FOR CHART III - EXAMINATION DATES AND LOCATIONS

CHART III - EXAMINATION DATES AND LOCATION

For information on **Examination Dates, Application Deadlines,** and **Test Center Codes** please visit CTS at www.continentaltesting.net.

***NOTE:** Approximately two weeks prior to the examination, you will be sent an admission notice, along with other necessary instructions. If you have not received an admission notice ten days prior to the examination, make inquiry to Continental Testing Services at 708-354-9911.

APPLICATION FILING DEADLINES WILL BE STRICTLY ENFORCED.

CHART IV - SCHOOL CODES

NOT APPLICABLE

ENTER N/A IN PART VII c) OF

APPLICATION FOR LICENSURE AND/OR EXAMINATION

*** * * * * REQUEST FOR ASSISTANCE * * * * ***

If assistance is needed, direct your request (based upon your licensure method) to:

Licensure Methods **Except** Examination **(US ONLY)**	Examination Licensure Method **Only**
1-800-560-6420 TTY 1-866-325-4949 Please allow 6 weeks from mailing your application before making an inquiry concerning its status.	1-708-354-9911

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.

B. **FEES ARE NOT REFUNDABLE.**

C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. **Check the box indicating the appropriate information regarding your application.** ☐ **Military** ☐ **Military Spouse** ☐ **Not Military** ☐ **Decline to Answer**

Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE **REFERENCE SHEET, CHART I, OR INSTRUCTIONS** PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
	___ ___ ___		$

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

☐ This is the first time I have made application for this profession in Illinois.

☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

☐ Other: _____

☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE

2. TITLE (e.g., M.D., D.D.S., etc.)

3. UNITED STATES SOCIAL SECURITY NO. __ __ __ - __ __ - __ __ __ __

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

7. MOTHER'S MAIDEN NAME

8. PLACE OF BIRTH CITY STATE/COUNTRY

9. DATE OF BIRTH __ __ / __ __ / __ __ __ __ (Month Day Year)

10. AGE ____ ☐ Female ☐ Male

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)

Home: (__ __ __) __ __ __ - __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ - __ __ __ __ (Area Code)

Fax: (__ __ __) __ __ __ -- __ __ __ __ (Area Code)

12. **REQUIRED** E-MAIL ADDRESS

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? ☐ Yes ☐ No OR Received G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ___ ___ / ___ ___ ___ ___ Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? ☐ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI):

SS#:

Profession:

PART VI: Personal History Information *(This part must be completed by all applicants)*	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*		
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

PART VIII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☐
   (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

   Are you delinquent in the filing of state taxes? Yes ☐ No ☐

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant _____ Date _____

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 415 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**CERTIFICATION OF EDUCATION**	SUPPORTING DOCUMENT **ED - SHR**

APPLICANT: ***Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.***

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.	
6. MAIDEN OR GIVEN SURNAME	_____ Profession Name	___ ___ ___ Profession Code
7. NAME OF INSTITUTION ATTENDED	8. DATE OF GRADUATION/COMPLETION __ __ / __ __ / __ __ __ __ Month Day Year	

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

_____ Date

_____ Signature of Applicant

SCHOOL OFFICIAL: ***Complete the bottom portion of this page, then return the completed form to the applicant.***

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE

I hereby certify that the above-named applicant for the Certified Shorthand Reporter Examination has attained the ability to make a verbatim record on unfamiliar testimony material dictated for a 5 minute period at a minimum speed of 225 words per minute with at least 94% accuracy.

_____ Print Name of School Official

_____ Signature of School Official

_____ Title

_____ Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____ , _____.

_____ Date of Expiration

_____ Signature of Notary Public

RETURN THIS FORM TO APPLICANT

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 415 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	**CERTIFICATION BY LICENSING AGENCY/BOARD**	SUPPORTING DOCUMENT **CT - SHR**

APPLICANT: ***Complete the applicant section of this form then forward this form to the jurisdiction from which you are requesting certification by a licensing agency/board. You are authorized to photocopy this form as necessary. Contact certifying jurisdiction for appropriate fee.***

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH __ __ / __ __ / __ __ __ __ Month Day Year	3. SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET (Chart 1). Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name ___ ___ ___ Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (__ __ __) __ __ __ - __ __ __ __	
7a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH YOU ARE FORWARDING THIS FORM (if applicable).	7b. LICENSE NUMBER (If applicable)	7c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of
Name of Licensing Agency or Board
Financial and Professional Regulation or its designated testing service, the information requested below.

Signature_____ Date _____

LICENSING AGENCY: ***The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the Certification. Please record N/A in areas which are not applicable.***

PART I. - CERTIFICATION OF EXAMINATION STATUS

The applicant ☐ has written and passed the following examination:

_____ Name of Examination _____ Date of Examination

PART II. - CERTIFICATION OF LICENSURE **(Part II continued on Page 2)**

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

- ☐ Examination (Administered in Your State)
  - ☐ National (Name) _____
  - ☐ State Constructed _____
  - ☐ Other (Name) _____
- ☐ Acceptance of Examination Results (Administered in Another State) _____
- ☐ Endorsement of License (State) _____
- ☐ Reciprocity with (State) _____
- ☐ Waiver/Grandfather
- ☐ Credentials
- ☐ Other (Describe) _____

F. CURRENT LICENSURE STATUS

- ☐ Active
- ☐ Inactive
- ☐ Lapsed
- ☐ Other (Explain) _____

G. IF LICENSED BY EXAMINATION, RECORD SCORES

Type of Examination	Score
Written	_____
Practical	_____
Other (Describe) _____	
Received no Grade Below	_____
Examination Period ____days ____ hours	_____

PART II. - CERTIFICATION OF LICENSURE ***(cont'd)***

H. THE TYPE OF EQUIPMENT USED FOR CERTIFICATION OR LICENSURE EXAMINATION:

Steno Machine *(paper notes)*	**Steno Machine** *(computer-aided)*	**Stenomask** *(traditional)*	**Stenomask** *(voice recognition)*	**Other Type**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No Specify _____

PART III. - CERTIFICATION OF EXAMINATION SCORES

SUBJECT	WORDS PER MINUTE SPEED REQUIRED FOR PASSAGE	ACCURACY REQUIRED	TWO VOICE	ALLOWANCE OF ERRORS	SCORE RECEIVED
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

PART IV. - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? ☐ Yes ☐ No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** ☐ Yes ☐ No

I certify that the information contained herein is true and correct according to the official records of the State.

_____
Print Name

_____ _____
Title Signature

S E A L

_____ _____
Agency/Board Street Address Date

_____ Area Code ( ) _____
City, State, ZIP Code Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession: