

IDAHO STATE CERTIFIED SHORTHAND REPORTERS BOARD
Division of Occupational and Professional Licenses
Location: 11351 W. Chinden Blvd., Building #4 Boise, ID 83714
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Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: sre@dopl.idaho.gov

INSTRUCTIONS

This application is for a stenographic shorthand reporter who currently hold an active NCRA certification. (RPR, RMR, RDR, CRR, CRC). If applicant has passed a Board approved examination **within the last two years**, nothing further is required. If it has been **more than two years** since applicant passed a Board approved examination, the applicant must also provide proof of working as a stenographic shorthand reporter three out of the last five years.

All requested information and fees must be provided, all questions must be answered, and the document notarized. All decisions of the Board are final. The Board may require submission of additional documentation, fees, or other requirements. Incomplete applications (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure. Please submit the completed form to the mailing address listed on this application.

FEES

Application Fee \$50.00

CHECKLIST (Please include the following with your application):

- The completed and notarized original license application along with the \$50 fee;**
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.**
- Official proof of having passed one of the following NCRA exams:**
 - The registered professional reporter (RPR) examination
 - The registered merit reporter (RMR) examination
 - The registered diplomate reporter (RDR) examination
 - The certified realtime reporter (CRR) examination

OR

- The certified realtime captioner (CRC) examination
- If the examination was passed more than two years ago, proof of having worked as a certified stenographic shorthand reporter for at least three of the last five years immediately prior to application. (This may be letters from employers, supervisors, colleagues, that provide a statement verifying the practice and, if applicable, verification of certification or licensure in another state)**

If the name on your application does not match the documents provided, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

FEES ARE NON-REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee.

All applicants must review the Idaho laws and rules prior to licensure. Please note that according to [Idaho Code § 54-3103](#), you must be certified to practice. The State of Idaho Certified Shorthand Reporters Board Laws and Rules may be downloaded at: www.dopl.idaho.gov

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____