

(Updated: 08/26/14)



JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Court Reporters Certification

Continuing Education Provider CE Approval Form

Please Type or Print Legibly

Please check the appropriate box below:

For-Profit Provider Non-Profit Provider

Submit completed form to:

P O Box 12066, Austin, TEXAS 78711-2066 or 205 W. 14th St., Ste. 600, Austin, TEXAS 78701

(All fields must be completed. Notifications to applicants will be sent via email.)

Name of Requestor:	
Name of Provider:	Contact Person:
Mailing Address:	Email Address:
Phone Number:	Fax Number:
Title of Program: (Max. of 35 characters)	
Date(s) of Program:	
City/State of Program: (List website if online program)	
Actual Clock Time of Instruction: (In quarter hour increments)	
Total # of Hours Requested:	# of Ethics/Texas Rules Hours Requested:

(Updated: 08/26/14)

Please provide the following information and attach a copy of the announcement brochure and course outline.

1. Describe the content of the program, the time devoted to each segment, and the presenters.

--

2. Course objectives and teaching method to be used.

--

3. How does this program increase or maintain the skills or competence of a certified shorthand reporter?

--

4. Additional dates and locations not listed on page 1 of form.

--

--

- Identify each presenter on a separate sheet and include their credentials.
- I have read the JBCC’s continuing education rules for court reporters and agree to abide by all the rules and regulations adopted by the Commission.
- I agree to maintain a list of participants following each CE program specifying the title, date, provider's name, location of the program, number of CE hours for not less than three (3) years.
- I understand it is my responsibility as the CE Provider to verify attendance at each program and to provide a certificate or other documentation of attendance to each attendee. The documentation should state:
 - (a) the name and CE program number of the sponsor;
 - (b) the name, and CSR number of the participant;
 - (c) the title of the program;
 - (d) the number of hours attended and/or CE hours earned in each program session (noting sessions in ethics/Texas rules);
 - (e) the date and location of the program (i.e., city/state, or website); and
 - (f) the signature of the provider.
- I understand that upon request by the Commission, the Provider must submit additional information to establish compliance with the rules.
- I understand the Commission, after written notice, may refuse to approve CE credit for any program.
- I further understand the Commission may evaluate any Provider of any approved CE program at any time to ensure compliance with the JBCC’s continuing education rules.

Signature of Applicant

Date

Provider Information Checklist

Please carefully review the following information

- **Program Numbers.** These are the numbers assigned by the Commission to the Provider for a particular program. Please ensure to clearly indicate the Texas program number on your brochures/certificates, etc. *For example, 'Texas program: #SN2014101'.* Please do not use spaces or dashes in the program number as it must be listed on the certificates exactly as it is on your approval notification.
- **Program names.** Please limit number of characters to 35 whenever possible. Additionally, we find that quite a few CSR's do not seem to know what the names of some programs are. Example: 'ABCD Midyear Seminar, Food for Thought'. Sometimes they cannot tell which of the title is the actual program name or if it's the entire name. A suggestion would be to put "title" in the appropriate place. For example, *Title: "ABCD Midyear Seminar, Food for Thought."*
- **Hours earned for program.** Hours earned for programs must be listed as actual hours in quarter hour increments. *Example: .25= 15 min., .50=30 min., .75= 45 min, 1 or 1.0= 1 hr.*
- **Completing CE Approval Forms.** When completing your approval request forms, if you have one program in several locations, it is not necessary to complete a separate form for each location. On the approval form, where it requests the location of the program, you will list all locations **IF IT IS THE SAME PROGRAM.** A separate form is needed for different programs.
- **Listing clock time of instruction.** Actual clock time of instruction is to be listed as a total; not per session.
- **Listing duplicated information on form.** Instead of listing (for example under Method of Teaching to be Used) the same method for all 10+ sessions, you could indicate the method as follows: "Sessions 2, 3, 4, 5, 6, 8, 10, 11, 13, 14, & 15: Lecture and time for Q&A". "Sessions 1, 7, & 9: Panel Presentation and time for Q&A".
- **Completing forms.** When completing your forms please follow **do not** indicate 'see attached', or other variations thereof, in lieu of completing the form.