



STATE OF NEVADA - Certified Court Reporters Board
 5135 Camino Al Norte, Suite 270
 North Las Vegas, Nevada 89031
 Phone: (702) 489-8787 Fax: (702) 489-8788
 Website: www.crptr.nv.gov Email: Reporting@nvccrb.nv.gov

REPORT OF COMPLIANCE FORM for Continuing Education Credits

REV: 7/19

Reporting Period: May 16, 2019 - May 15, 2021
Completed Form Must Be Submitted by June 30, 2021

Please check those that apply:

Nevada Certified Court Reporter, CCR# _____ Designative Representative of a Firm, Firm # _____

| | | |
|------------|-------|-----------|
| FIRST NAME | M.I. | LAST NAME |
| ADDRESS | | TELEPHONE |
| CITY | STATE | ZIPCODE |

NAC 656.210 Each court reporter and designated representative of a firm shall, every 2 years, complete at least 15 hours of continuing education relating to the practice of court reporting, at least 2 of which must include a review of the statutes, regulations and court rules governing the practice of court reporting in this State.

Use the backside of this sheet if you require more space. Providing certificates or verification of completion is optional.

| PROGRAM | DATE | GENERAL CREDITS |
|--|------|-----------------|
| LIST GENERAL CREDITS IN THIS SECTION - DO NOT WRITE "See Attached" | | |
| You must list the name of the program, date and total number of credits earned. Do not submit duplicate reports. | | |

| PROGRAM | DATE | NEVADA LAW CREDITS |
|--|------|--------------------|
| LIST NEVADA LAW CREDITS IN THIS SECTION - DO NOT WRITE "See Attached" | | |
| You must list the name of the program, date and total number of credits earned. Do not submit duplicate reports. | | |

I attest that I complied with the continuing education requirements of the Nevada Revised Statutes Chapter 656 and the Nevada Administrative Code Chapter 656 for the current reporting period by attending the above accredited activities. In signing this Report of Compliance, I verify that I attended each activity identified and acknowledge that any untruthful statement may result in the suspension or revocation of my certificate or license.

Signature

Date

**AN INCOMPLETE OR INCORRECT FORM WILL BE RETURNED
 AND MAY RESULT IN PENALTIES**