



NATIONAL VERBATIM REPORTERS ASSOCIATION, INC.
NVRA Continuing Education Credit Request for Approval

**• STATE / NATIONAL
ASSOCIATION / GOVERNMENT •**

State, National or Government entities seeking to offer NVRA approved continuing education credits must submit this form with the following attachments.

- ☐ Course Description
- ☐ Proposed Agenda
- ☐ Resume(s) of Seminar Presenters
- ☐ Payment of Required Fee

A detailed description is required for each individual seminar. Please use a separate sheet for each.

NVRA will charge a fee of \$175/state and \$200 for national association or government for evaluating each program. The form and all attachments must be submitted not less than 60 days prior to the event. Requests for Approval received fewer than 60 days prior to the date of the event will be assessed a late fee of \$5 per day. Submission date is determined by postmark.

Mail or fax the completed form and attachments to:

NVRA Member Services
629 N. Main Street
Hattiesburg MS 39401
FAX: (601) 582-3354

Please retain a copy for your files.

PLEASE TYPE OR PRINT LEGIBLY.

NAME OF ASSOCIATION OR GOVERNMENT AGENCY: _____

CONTACT: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

Number of CE credits being sought: _____

Description of activity: _____

Event Title: _____

Event Date(s): _____

Event Location: _____

Number of NVRA Attendees Expected: _____

Enclosed is the \$175/\$200 evaluation fee.

- ☐ Check or Money Order.
Payable to NVRA. U.S. Funds Only.
- ☐ CREDIT CARD
 - ☐ Visa ☐ MC ☐ AmEx

Card #: _____ - _____ - _____

Expiration: _____ / _____

Authorized Signature: _____

I hereby certify that this information and all attachments are correct to the best of my knowledge.

Printed Name and Title of Officer Completing Form

Signature of Officer Completing Form

Date: _____

NVRA USE ONLY

AMS Date Recd: _____ Fee Paid: _____ Program #: _____

of CE: _____ Approved By: _____ Date of Notification: _____

AMS/DB: Date: _____ By: _____ Date Completed: _____