



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

**• PROPRIETARY /
COMMERCIAL VENDORS •**

Individual proprietary/commercial vendors seeking NVRA approval for continuing education credits must submit the following:

- ☐ Request for Approval Form
- ☐ Agenda, Specifying Beginning and Ending Times and Topics
- ☐ Detailed Description of Course Content
- ☐ Resumes or Bios of Seminar Presenters
- ☐ Applicable Fees

There will be a \$250 fee for evaluating each program. The agenda/course must be submitted for evaluation with payment not fewer than 60 days prior to the event in order to allow sufficient time for review and approval. Programs received less 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. Requests for credit must be submitted using this form. Use a separate form for each event or course.

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.

Enclosed is the \$250 evaluation fee.

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

Card #: _____ - _____ - _____

Expiration: _____ / _____

Authorized Signature: _____

PLEASE TYPE OR PRINT LEGIBLY.

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

Activity Title: _____

Activity Dates: _____

Activity Location: _____

Number of Attendees Expected: _____

Number of CE Credits Being Sought: _____

EXPIRATION: This approval expires one year after initial offering of this seminar. Renewal must be requested at that time.

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

Printed Name and Title of Vendor Representative

Signature of Vendor Representative

Date: _____

NVRA USE ONLY

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

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

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