## KENTUCKY COURT REPORTERS ASSOCIATION VOLUNTARY CERTIFIED COURT REPORTER CYCLE EXTENSION FORM

Name	KyCRA ID#
E-mail (mandatory)	Phone
Beginning and end date of current 3-year cyc	cle
Reason for request	
EXTENS	SION GUIDELINES
Please read and check off all boxes to ensure	e understanding of each guideline:
☐ I am requesting a four calendar month e from the current original 3-year cycle end da	extension of my KyCRA voluntary Kentucky certification ate.
	nis four-month period will be applied to my current cycle. le, I understand that a maximum of five hours (0.5 CEUs)
	iate amount of CEUs by the end of the four-month le dates will remain the same as before this extension.
☐ I acknowledge that if I do not obtain the extension period, my certification will lapse.	e appropriate amount of CEUs by the end of the four-month. No additional extension will be granted.
☐ I am including a \$35 extension fee. Ma	ke check payable to KyCRA.
S	SIGNATURE
I pledge to adhere to the extension guideline	s contained in this request and check-marked by me.
Signature	Date

## RETURN THIS COMPLETED AND SIGNED FORM AND PAYMENT TO:

Pat Schneider, RDR, CCR(KY) 505 Iola Road Louisville, KY 40207