

SECTION 1: MEMBER INFORMATION

NAME	NCRA MEMBER NUMBER	DAYTIME PHON	E NUMBER
EMAIL ADDRESS	REASON FOR REQUEST		
SECTION 2: EXTENSION GUIDELINES			
Please read and check off all boxes to ensure	understanding of each guideline:		
 I am requesting an extension of my NCRA cr my continuing education requirements. 	redential(s) from Sept. 30, 2023, to J	an. 31, 2024, in or	der to complete
$\ \square$ I understand this extension is ONLY for curr	ent certifications and not for the or	ne-year reinstater	ment period.
 I understand that CEUs and PDCs earned du needed for this cycle, I understand that a m 		, ,	
☐ I understand that if I obtain the appropriate Feb. 1, 2024 - Sept. 30, 2026.	e amount of units by Jan. 31, 2024, m	y new cycle date	s will be
☐ I acknowledge that if I do not obtain the ap No extension beyond Jan. 31, 2024, will be g		I, 2024, my creder	ntial(s) will lapse.
$\hfill \square$ \hfill I am including the \$110 extension fee.			
SECTION 3: PAYMENT			
The extension fee of \$110 must accompany this address at the bottom of this form. You will be	•	•	· ·
Payment method: ☐ Check* ☐ Visa ☐	MasterCard	ress 🗆 Disco	over
CARDHOLDER NAME	ACCOUNT NUMBER		EXPIRATION DATE
BILLING STREET ADDRESS		BILLING ZIP CODE	SECURITY CODE
SIGNATURE			
*Payable to NCRA in U.S. funds. Returned checks will be c	harged an additional \$30.		
SECTION 4: SIGNATURE			
I pledge to adhere to the extension guidelines	contained in this request.		
SIGNATURE		DATE	

SUBMIT TO NCRA

Please save the completed form and send via: Email: continuinged@ncra.org Fax: 703-391-0629 Mail: National Court Reporters Association, 12355 Sunrise Valley Dr., Suite 610, Reston, VA 20191

QUESTIONS? Please email *continuinged@ncra.org* or call 800-272-6272.