



Aging & Disability Services Division  
Interpreter/CART Registry  
3656 Research Way, Suite 32  
Carson City, NV 89706

Form A 2 – CART Application

Phone: 775-687-4452  
Fax: 775-687-3292  
Email: [bahammond@adsd.nv.gov](mailto:bahammond@adsd.nv.gov)

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**Section A Application Procedures/Checklist:**

Current Photo (Passport size)  
Photocopy of current picture identification with date of birth (e.g. Driver's License)  
Completed Application (Requires Notary)  
Signed, completed Code of Professional Conduct form (Requires Notary)  
Photocopy of current certifications

**Section B Registration Category:**

Initial Application  
Registration Renewal  
Registration Update  
Registration Reinstatement

**Each level of certification requires graduation from High School or completion of the GED:**

I am a high school graduate (Attach documentation)      Year graduated: \_\_\_\_\_

Name and location of High School: \_\_\_\_\_

\_\_\_\_\_

I have completed and passed the GED (Attach documentation)

Year GED passed and name and address of issuing Institution: \_\_\_\_\_

\_\_\_\_\_

Neither apply; I have attached an explanation page.

**I am registering for the following category and hold the following certifications:**

**Certified CART Provider:** (Check all that apply)

- Certified Court Reporters Board of Nevada; or
- Registered Professional Reporter; or
- Certified CART Provider; or
- Certified Broadcast Captioner; or
- National Court Reporter's Association as a Certified Real-time Reporter; or
- Certification from any other state licensing board with a minimum of 200 words per minute or higher skills assessment

○ Name of state if licensed with another state: \_\_\_\_\_

**Section C Applicant information:**

Full, Legal name of applicant (Include Alias or other names in parenthesis)		
Address where you can be reached		
City	State	Zip Code
Home Phone	Cell Phone	Work or other phone
Email		

**Please indicate the contact information you want on the registry: (Name and certification information is mandatory):**

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**Additional Questions**

1.    Yes    No    Have there been any substantiated allegations of a code of ethics violation(s) pertaining to CART practice by any certifying body?
  
2.    Yes    No    Has there been any adverse verdict as a result of any civil suit regarding your professional malpractice?
  
3.    Yes    No    Have you ever had a CART credential denied, revoked, or suspended within the past ten years?

4. Yes No Are there any pending actions related to a denial, revocation, or suspension of any CART credential?

5. Yes No Have you been convicted of a crime under any laws within the past ten years?

\*If yes, please attach a separate sheet detailing the nature of the conviction, date(s) and locations of the event

6. Yes No Are any criminal charges currently pending against you?

\*If yes, please attach a separate sheet detailing the nature of the conviction, date(s) and locations of the event

7. Yes No Is there any condition which would prevent you from providing CART service?

**Section D Certification of Applicant:**

**Certification**

I hereby agree and have knowledge of and comply with the standards set forth in Nevada Revised Statute 656A governing the provision of Interpreting and CART Services and understand the types of misconduct for which disciplinary action may be initiated against me pursuant to these regulations.

I hereby certify that the preceding information is correct to the best of my knowledge. I agree to abide by and follow the NAD-RID Code of Professional Conduct as set forth in section 40 (1)(e) of Nevada Revised Statute 656A.

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Signature

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Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the county and state aforesaid, personally appeared \_\_\_\_\_, known to me to be the person named above and who executed the foregoing instrument, and he/she acknowledged to me that he/she executed the same freely and voluntarily.

BY: \_\_\_\_\_

Notary

\_\_\_\_\_

Affix Notary Seal