

CART Captionist Profile

Date: _____

Legal Name: _____ Nickname: _____

Address: _____
Street Address City State Zip Code County

Home #: _____ Cell #: _____

E-mail: _____ Fax #: _____

T-Mail: _____ Other: _____

Social Security #: _____ Best Way to Reach You for Jobs: _____

CURRENT CERTIFICATIONS/MEMBERSHIPS:

Are you a NCRA member? Yes No If yes, please provide Member ID# _____

Your current certifications (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Registered Professional Reporter (RPR) | <input type="checkbox"/> Certified Legal Video Specialist (CLVS) |
| <input type="checkbox"/> Registered Merit Reporter (RMR) | <input type="checkbox"/> Certified Reporting Instructor (CRI) |
| <input type="checkbox"/> Registered Diplomat Reporter (RDR) | <input type="checkbox"/> Master Certified Reporting Instructor (MCRI) |
| <input type="checkbox"/> Certified Realtime Captioner (CRC) | <input type="checkbox"/> Certified Program Evaluator (CPE) |
| <input type="checkbox"/> Certified Realtime Reporter (CRR) | |
| <input type="checkbox"/> Certified Broadcast Captioner (CBC) | <input type="checkbox"/> C-Print |
| <input type="checkbox"/> Certified CART Provider (CCP) | <input type="checkbox"/> Other (please specify) _____ |

ENVIRONMENT/LANGUAGES

Years as a CART Captionist: Full Time _____ Part-Time _____

In which setting(s) do you feel comfortable interpreting (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Legal | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Videotaped | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> One-on-One | <input type="checkbox"/> Religious | |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Theatre | |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Platform | |
| <input type="checkbox"/> Small Group | <input type="checkbox"/> Political Event | |

What are you NOT comfortable captioning: _____

AVAILABILITY (state hours if applicable)

Everyday 24 hours: _____ Weekdays: _____ Weeknights: _____

Weekends: _____ Holidays: _____ Emergencies: _____

Overnight: _____

INSURANCE/MISCELLANEOUS

Professional Liability Insurance? _____ Policy Number: _____

Worker's Compensation Insurance? _____ Policy Number: _____

Auto Insurer's Name: _____ Policy Number: _____

License Plate Number: _____ Driver's License Number: _____

Have you been fingerprinted? Yes No If yes: WHEN? _____ WHERE? _____