Barreau du Québec

Comité sur la sténographie

OFFICIAL STENOGRAPHY EXAMINATION

REGISTRATION FORM

Date of examination: _____

Surname: _____ Given name: _____

Address: _____

City: _____ Postal code: _____

Telephone/Residence : _____ Office: _____

Cellular: _____ Email: _____

Examination

☐ French or ☐ English

☐ Spelling and grammar test ☐ Stenography test

☐ Theortical test on legal and ethical aspects

Method

☐ Stenography ☐ Stenotypy ☐ Stenomask

Complete this form in block letters and attach a copy of your act of birth and, as the case may be,

1. a copy of your diploma from the École de sténographie judiciaire du Québec;
2. a copy of your diploma of College Studies (D.E.C.) or its equivalent, proof of attendance at the training leading to the theoretical test of the examination provided for in Division II of the Regulation respecting the training, skill and Knowledge evaluation, accreditation and discipline of stenographers (chapter B-1, r. 13), and a copy of the stenography training accreditation awarded by an organization recognized by the Comité sur la sténographie;
3. a copy of your diploma of College Studies (D.E.C.) or its equivalent, proof of attendance at the training leading to the theoretical test of the examination provided for in Division II of the Regulation respecting the training, skill and Knowledge evaluation, accreditation and discipline of stenographers, and a document indicating relevant experience subject to recognition by the Comité sur la sténographie;
4. a copy of your legal authorization to practise stenography issued by the competent authority of the province of Alberta, Ontario or Saskatchewan, or a Certificate of Proficiency or Certificate of Achievement of the British Columbia Shorthand Reporters Association;
5. a true copy of the stenographer accreditation granted by the Comité sur la sténographie.

MODE OF PAYMENT

Enclose the sum of $50 plus taxes (GST and QST) = 57,49 $ for each test selected.

☐ **PAYMENT BY CREDIT CARD** ☐ Visa ☐ Mastercard

Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Expiration: |__|__||__|__|

☐ **OR BY CHECK** (to the order of Barreau du Québec)

SEND THE COMPLETED REGISTRATION TO:

COMITÉ SUR LA STÉNOGRAPHIE
Service des greffes, Barreau du Québec
445, boulevard Saint-Laurent
Montréal (Québec) H2Y 3T8
Courriel : comite.steno@barreau.qc.ca

(03/2017)