

AMERICAN BOARD OF CRIMINALISTICS, INC.

Application For:

CERTIFICATE OF PROFESSIONAL COMPETENCY IN CRIMINALISTICS

For ABC USE ONLY

Have you applied before? _____ If yes, when _____ and by what name? _____

Please read carefully the instructions and information page and all references before completing the application.

1A. Full Name _____
Last First Middle

1B. Print your name exactly as you wish it to appear on the certificate (exclude degrees).

2A. Check the examination you wish to take:

_____ Comprehensive Criminalistics _____ Drug Analysis _____ Molecular Biology
_____ Hairs & Fibers _____ Paints & Polymers _____ Fire Debris Analysis

2B. Where and when do you wish to take the Examination?

3. Last four digits of Social Security Number _____

4A. Present Employer _____

4B. Date Employed _____

4C. Employer Address _____

Street

()

City, State/Province, Country, and Zip Code/Postal Code

Telephone Number

FAX

E-Mail

5. Current job title _____ Date Started _____

6. Briefly describe your duties: _____

7. List the forensic organizations to which you belong (regional, national, and international):

8. Specialty areas in which you have at least two years of experience and are currently active.

☐ Drug Analysis ☐ Molecular Biology ☐ Fire Debris Analysis
☐ Hairs & Fibers ☐ Paints & Polymers ☐ Other: _____

9. Are you currently certified by any other forensic organization? If yes, include a copy of that certificate. YES _____ NO _____

10. Previous employment (include only positions in field of forensic science)

<u>Employed by</u>	<u>Title</u>	<u>Dates employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Education (Provide a copy of your diploma or other information verifying your major.)

<u>Institution</u>	<u>Dates Attended</u>	<u>Degree & Major Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. References (List the name and address of two professional references practicing in the field of forensic science.)

<u>Name/Mailing Address/Phone Number</u>	<u>Name/Mailing Address/Phone Number</u>
_____	_____
_____	_____
_____	_____

DECLARATION

"I, as applicant to the American Board of Criminalistics (ABC) for a "Certificate of Professional Competency in Criminalistics," acknowledge that I have read and understand the ABC "Certification Application Information and Instructions." This application packet contains all of the required information outlined in the instructions. I have read, understand, signed and agree to abide by the ABC Rules of Professional Conduct. I understand that ABC has a process by which I can request testing accommodations and that this process is defined on the ABC website.

I further agree to the following conditions:

I will not discuss the contents of the Certification Examination with anyone except the American Board of Criminalistics Board of Directors or its representative;

I will provide the American Board of Criminalistics Board of Directors additional information pertinent to the proper processing of this application;

I waive any right to confidentiality of the information supplied on this application and any additional information requested by the American Board of Criminalistics Board of Directors relating to the processing of the application;

I acknowledge that in the event of any misstatement or misrepresentation of a material fact in the Application process, or in the event that any of the aforementioned conditions are violated by me, the American Board of Criminalistics may disqualify me from receiving a Certificate; suspend such a Certificate; revoke such a Certificate; or require the surrender of such a Certificate to the American Board of Criminalistics.

I will hold the American Board of Criminalistics, its officers, examiners, and agents free from any claim, damage, or liability by reason of action, they or any of them may take in respect to this application, including but not limited to, the failure of the American Board of Criminalistics to issue to me such Certificate, or the suspension, revocation, or making of any demand for the surrender of an issued Certificate, or the removal of my name from the list of persons certified.

Signature of Applicant

Date

Statement of Application Confirmation

(if unable to obtain, attach Application Insert-Request for Application Confirmation Waiver)

I, as the laboratory director or immediate supervisor of the person named on this application for a Certificate of Professional Competency in Criminalistics, have reviewed this application and determined the information to be complete and accurate.

**ATTACH
AUTOGRAPHED
2" X 2"
PHOTOGRAPH
HERE**

Signed

Date

Title

Phone