

# **APPLICATION FOR CONVERSION TO FELLOW IN GENERAL CRIMINALISTICS**

As a Diplomate Certificate Holder you are being granted the opportunity to become a fellow in General Criminalistics. Proficiency testing is an essential component of the ABC certification program. In order to achieve and maintain Fellow status, it is necessary that you:

- 1.) Become a Diplomate of the ABC by completing the application process and successfully completing the General Knowledge Examination
- 2.) Submit a Successful Proficiency Test with this Application
- 3.) Document your annual participation in proficiency testing, and
- 4.) Submit annual ABC Recertification Professional Development Reporting Form (ABC 603) and maintenance fees.
- 5.) There is a \$50 conversion fee, which must be included with your application form.

In order to document your participation in proficiency testing, complete the following certification form (ABC 701) which must be signed and dated by you and your Laboratory Official. Submit the form to:

American Board of Criminalistics  
P O Box 1358  
Palmetto FL 34220

Following certification as an ABC Fellow, you are required to submit documentation of one proficiency test each year in any forensic discipline you are certified in. Submit only form ABC 701, one for each proficiency test. Do not submit proficiency testing answer sheets, data, or final results. The ABC will determine on a random basis which Fellows' supporting documentation will be requested for in-depth review.

Please remember that if you are a Fellow in another discipline, you must submit two (2) different proficiency tests, one for each Fellow Certificate.

This program was designed by individuals within each of the specialty peer groups, in order to provide the forensic science community with the type of program which it demanded. Any comments that you have regarding the organization or operation of the ABC Proficiency Testing Program will be welcome. Please direct all correspondence to the Proficiency Administration Committee at the above address.

**FEIN 11-3000406**

# Proficiency Testing Certification Form

The participant listed below successfully completed a proficiency test in their area of expertise (discipline). The proficiency test must have been completed during the calendar year in which it was reported. This test was completed in calendar year \_\_\_\_\_. Signing this form certifies that:

1. The analysis of the proficiency test sample was performed, to the greatest extent practicable, in the same manner as similar cases.
2. The test file (results and all supporting data) will be maintained for at least five (5) years.
3. Copies of supporting documentation will be made available to the American Board of Criminalistics when requested.

Participant: \_\_\_\_\_

Discipline: \_\_\_\_\_

Test Provider: \_\_\_\_\_

Test Identifier (if applicable): \_\_\_\_\_

Participant Identification (if applicable): \_\_\_\_\_

Date Results Were Submitted to Test Provider: \_\_\_\_\_

## **Certifying Signatures (BOTH Signatures are Required)**

Laboratory Official (Director, Quality Assurance Coordinator, other Authorized Signatory):

\_\_\_\_\_  
(Signature & Date)

\_\_\_\_\_  
(Official's Name & Title)

Participant:

\_\_\_\_\_  
(Signature & Date)

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