

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)