

AMERICAN BOARD OF CRIMINALISTICS

Application For:

CERTIFICATION IN AN ADDITIONAL SPECIALTY

For ABC USE ONLY

Please provide the following information:

Full Name:

Last First Middle Certificate Number Expiration Date

Specialty Requested

You must have at least two years experience in this discipline, and be currently active. You must provide a copy of your authorization to conduct casework or equivalent to prove that you have completed an in-depth training program.

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

Employment Information:

Present Employer: _____ Date of Employment: _____
Street Address: _____ Telephone Number: _____
City, State/Province: _____ E-mail: _____
Postal Code, Country: _____ Fax Number: _____
Current Job Title: _____ Date Started: _____
Name of Immediate Supervisor or Technical Leader: _____

Briefly describe your current job duties:

DECLARATION

"I, _____, am requesting certification in an additional specialty 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 not participate in fraudulent test-taking practices;

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 Request for Application Confirmation Waiver, 09-0312F)

I, as the Laboratory Director or immediate Supervisor of the ABC Diplomate or Fellow named on this application for Certification in an additional specialty, have reviewed this application and determined the information to be complete and accurate.

Signed

Date

Title

Phone