

American Board of Criminalistics Recertification Declaration

Certificant Name: _____

Unlisted Professional Activities

Other activities or circumstances a Diplomat, Fellow or Affiliate feels should be considered under recertification should be submitted to the ABC Board by January 1 prior to submitting recertification paperwork. The activities and circumstances will be considered on an individual basis. Please refer to www.criminalistics.com for further information and forms to have a training course pre-approved by the ABC.

Section Totals	Points Acquired
Total Points Section I	
Total Points Section II	
Total Points Section III	
Total Points Specialty:	
Total Points Specialty:	
Total Points Specialty:	

I acknowledge that for any activities listed that I did not provide documentation, the points associate with those activities will be deducted.

The information listed on this Recertification Professional Development Reporting Form is accurate and reflects the professional development activities in which I have participated. I understand that the ABC, or its representative, will verify some or all of the information contained on this Form. I agree to authorize the release of this information for recertification purposes.

Certificant or Affiliate Name (Please Print) Certificate Number

Certificant e-mail address

Certification Status (Fellow, Diplomat, etc.) Specialty Area if Applicable

Signature Date

Witness with Knowledge of Professional Activities Listed Telephone Number

Witness Signature Date