

American Board of Criminalistics Recertification Professional Development Report

Unlisted Professional Activities

Other activities or circumstances a Diplomate, 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 associated 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, Diplomate, etc.)

Specialty Area if Applicable

Signature

Date

I am the supervisor or co-worker of this individual. My signature verifies that this individual is employed as claimed in Section I of the Professional Development Report (09-0601F).

Name of Supervisor or Co-worker of certificant

Telephone Number

Supervisor or Co-worker Signature

Date