

# AMERICAN BOARD OF CRIMINALISTICS

Application For:

## CERTIFICATE OF PROFESSIONAL COMPETENCY IN CRIMINALISTICS

For ABC USE ONLY

Please read carefully the instructions and information page and all references before completing the application.

### Full Name:

\_\_\_\_\_  
Last First Middle Last 4 digits of SSN

Have you applied before?  Yes  No

If yes, when? \_\_\_\_\_ List any other names used: \_\_\_\_\_

Name as you wish it to appear on the certificate (exclude degrees):  
\_\_\_\_\_

Check the examination you wish to take. If choosing Field Test, please note which exams(s).

Comprehensive Criminalistics  Drug Analysis  Molecular Biology  
 Hairs & Fibers  Paints & Polymers  Fire Debris Analysis  
 Field Test Examination(s): \_\_\_\_\_

Date and location of preferred examination sitting:  
\_\_\_\_\_

### Employment Information:

Present Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Postal Code, Country: \_\_\_\_\_ Date Started: \_\_\_\_\_  
Current Job Title: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Briefly describe your current job duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the forensic organizations to which you belong (regional, national, and international):**

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**Specialty areas in which you have at least two years of experience and are currently active:**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Fire Debris Analysis | <input type="checkbox"/> Drug Analysis     | <input type="checkbox"/> Molecular Biology    |
| <input type="checkbox"/> Hairs & Fibers       | <input type="checkbox"/> Paints & Polymers | <input type="checkbox"/> Biological Screening |
| <input type="checkbox"/> Other:               |  |   |

**Are you currently certified by any other forensic organization? If yes, include a copy of that certificate.**

Yes       No

**Previous Employment**

Please include only positions in the field of forensic science.

| Employed by | Title | Dates of employment |
|-------------|-------|---------------------|
|             |       |                     |
|             |       |                     |
|             |       |                     |
|             |       |                     |

**Education**

Provide a copy of your diploma or other information verifying your major.

| Institution | Dates Attended | Degree and Major |
|-------------|----------------|------------------|
|             |                |                  |
|             |                |                  |
|             |                |                  |
|             |                |                  |

**References**

List the name and address of two professional references practicing in the field of forensic science. The references listed must be the same individuals who complete the required reference forms (09-0311F). One reference must be your direct supervisor or technical leader.

| Name/Mailing Address/Phone Number            | Name/Mailing Address/Phone Number |
|--|-----------------------------------|
| <b>Technical Leader or Direct Supervisor</b> |                                   |
|  |                                   |

## DECLARATION

"I, as applicant to the American Board of Criminalistics (ABC) for a "Certificate of Professional Competency in Criminalistics," acknowledge that I have read and understand the ABC "Certification Application Information and Instructions." This application packet contains all of the required information outlined in the instructions. I will supply any further information necessary to complete the application process if requested. Upon successful certification, I will comply with all certification requirements. I have read, understand, signed and agree to abide by the ABC Rules of Professional Conduct. I understand that ABC has a process by which I can request testing accommodations and that this process is defined on the ABC website.

I further 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 Application Insert-Request for Application Confirmation Waiver 09-0312F)

I, as the laboratory director or immediate supervisor of the person named on this application for a Certificate of Professional Competency in Criminalistics, have reviewed this application and determined the information to be complete and accurate.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone