

AMERICAN BOARD OF CRIMINALISTICS

Application for Certification in an Additional Specialty

Please provide the following information:

Full Name:

Last	First	Middle	Certificate Number	Expiration Date
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Specialty Requested

You must meet the minimum education and experience requirements defined in the relevant certification scheme and be currently active. See www.criminalistics.com/certification for more information. You must provide a copy of your authorization to conduct casework or equivalent to prove that you have completed an in-depth training program.

- | | | |
|--|--|---|
| <input type="checkbox"/> Comprehensive Criminalistics | <input type="checkbox"/> Drug Analysis | <input type="checkbox"/> Molecular Biology |
| <input type="checkbox"/> Hairs & Fibers | <input type="checkbox"/> Paints & Polymers | <input type="checkbox"/> Fire Debris Analysis |
| <input type="checkbox"/> Biological Evidence Screening | <input type="checkbox"/> Forensic DNA | |

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: _____

Training Information

Date specialty training began: _____ Date specialty training ended: _____
 Date approved for casework in the specialty listed above: _____

Briefly describe your current job duties:

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 training supervisor or the individual overseeing training in the specialty requested above.

Name/Mailing Address/Phone Number	Name/Mailing Address/Phone Number
Training Supervisor	

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DECLARATION

I, _____, am requesting certification in an additional specialty and 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

Printed Name

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

Printed Name

Title

Phone