

American Board of Criminalistics Recertification Professional Development Report

Certificant Name: _____

Certificant Number: _____

NOTE: Refer to the Recertification Point Structure (09-0608S) for further explanation of requirements and a listing of acceptable documentation.

Activity	Points	Max.	Section Points Claimed			
			I	II	Spec:	Spec:

1. Forensic Work	2/year	2/year				
Place of Employment:						
Name of Supervisor or Co-worker:						
E-mail:						

2. Forensic Teaching	2/year	2/year				
Place of Employment:						
Name of Supervisor or Co-worker:						
E-mail:						

3. Forensic Organization Membership	1/year/org	10/year				
List organizations:						

4. Elected Officer / Committee Chair in Forensic Org.	2/year/org	10/year				
List organizations and positions:						

5. Committee Member	1/year/org	10/year				
List organizations and positions:						

6. Participation in SWG, TWG, OSAC, state or national forensic science commission	3/year/org	6/year				
List organization(s) and position(s):						

7. Elected Officer/Committee Chair/Sub-Committee Chair in SWG, TWG, OSAC, state or national forensic science commission	2/year/org	10/year				
List organization(s) and position(s):						

Additional Comments/Notes:

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Activity	Points	Max.	I	II	Spec:	Spec:
8. External Audit, External Inspection, External Assessment Activity	2/day	20/year				
Lead Auditor	Dates	Location	Section			

9. Internal Audit of Technical Specialty	1/day	10/year				
Lead Auditor	Dates	Location	Section			

10. Workshop, Seminar, Registered Meeting Attendance	3/day	None				
Title and Host	Dates	Points	Section			

11. Successful Completion of Relevant College Course	5/cr. hr.	15/year				
List name of course, location, and credit hours:						

12. Panel Discussion/Plenary Discussion	2/discuss.	10/year				
List topic/title, date(s) given, and forum of presentation:						

Additional Comments/Notes:

NOTE: Refer to the Recertification Point Structure (09-0608S) for further explanation of requirements and a listing of acceptable documentation.			Section Points Claimed			
			I	II	Spec:	Spec:
Activity	Points	Max.				
13. Technical Paper/Poster Presentation						
a. Author or Co-author	5/present.	20/year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List title, date(s) given, and forum of presentation:						
b. Non-author Presenter	2/present.	10/year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List title, date(s) given, and forum of presentation:						

14. Technical Paper Publication						
a. Peer Reviewed Article	15/paper	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List publication title and complete reference:						
b. Non-peer Reviewed Article	3/paper	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List publication title and complete reference:						
c. Technical Review of Paper or Thesis	5/paper	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List title and complete reference:						

15. Book Chapter Authorship	20/chapter	40/year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List title and complete reference:						

16. Book Editing	20/chapter	40/year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List title and complete reference:						

Additional Comments/Notes:

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Activity	Points	Max.	I	II	Spec:	Spec:
17. Technical Training Presentation List topic/title, date(s), and forum of presentation:	1/present.	5/year				

18. Conducting Workshop/Seminar In Forensic Skill Area	5/full day	15/year				
Title and Host	Dates		Points		Section	

19. Training of Examiner List trainee, discipline, and contact hours:	5/40 hrs.	15/year				
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20. Primary Instructor of Forensic Science List name of course, location, and credit hours:	5/cr. hr.	15/year				
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Unlisted Professional Activities

If you have activities to report that do not fit into the above-listed categories that you feel should be considered for recertification, please note them here for consideration.

Additional Comments/Notes:

American Board of Criminalistics Recertification Declaration

Certificant Name: _____

Certificant Number: _____

The following points are being claimed on the Recertification Professional Development Reporting Form (09-0601F):

Section or Specialty	Points Claimed
Section I	
Section II	
Total Points Claimed	

Once, during a 5-year certification cycle, a certificant may use 2 employment points towards Specialty Area Activity Points, instead of Section I.

Please count 2 employment points towards _____ specialty instead of Section I.

COVID-19 RESPONSE

The ABC is granting all certificants 10 points for the 2020 recertification year due to the impact COVID-19 may have had on certificants' ability to obtain points through training and other forensic skill building activities. These 10 points will default to Section II if no further action is taken and if you have not yet met your required points for your current certification cycle. If you prefer to allocate some of these points elsewhere, please indicate so below. You may move any or all 10 points to Section I. You may move a maximum of 5 points to Specialty. If you have more than one specialty, you may still only move a maximum of 5 points to be split among your Specialty Sections as you indicate below.

Please count _____ points towards Section I.

Please count _____ points towards _____ specialty.

Please count _____ points towards _____ specialty.

Declaration

The information listed on this Recertification Professional Development Report (09-0601F) is accurate and reflects the professional development activities in which I have participated. If I have not provided adequate supporting documentation as defined in the Recertification Points Structure document (09-0608S), I understand that points may be deducted. I understand that ABC, or its representative(s), 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)

E-mail

Certification Specialty(ies)

Certificate Number

Signature

Date