

American Board of Criminalistics Employment Verification Form

Certificant Name: _____ Certificant Number: _____

This form must be used if you are claiming recertification points for forensic employment, either forensic work or forensic teaching, and you perform intermittent or contractual work. This form is not required if you are employed by a single employer that is documented on your recertification reporting form.

I hereby certify that the following ABC Certificate Holder:

performed work for me of a forensic nature during _____ (Year). The nature of the work can include forensic analysis/analyses, report writing, and/or court testimony.

Signed

Date

Printed Name

Position

Employer / Company