

# 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.

Your certification(s):

- |                                  |                                  |                                  |                                 |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> ABC-BC  | <input type="checkbox"/> ABC-DAT | <input type="checkbox"/> ABC-GKE | <input type="checkbox"/> ABC-PP |
| <input type="checkbox"/> ABC-BIO | <input type="checkbox"/> ABC-DNA | <input type="checkbox"/> ABC-HF  |                                 |
| <input type="checkbox"/> ABC-CC  | <input type="checkbox"/> ABC-FD  | <input type="checkbox"/> ABC-MB  |                                 |
| <input type="checkbox"/> ABC-DA  | <input type="checkbox"/> ABC-FKE | <input type="checkbox"/> ABC-MBT |                                 |

## 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 Name (Please Print)

\_\_\_\_\_  
Certificant Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date