

Proficiency Testing Certification Form

Please provide the requested information below. For participants who completed multiple proficiency tests in the calendar year, please include all relevant proficiency tests undertaken. The proficiency test must have been completed during the calendar year for which the recertification packet is reporting. Please include the information for any relevant externally and/or internally provided proficiency tests. If you are including internally provided test information, please provide the name of the institution in the "Test Provider" column. If you have not yet received the manufacturer's results, please note "Pending" in the Expected Results Obtained column and note in the comments field the date you anticipate the results. You must submit another Proficiency Testing Certification Form within 90 days of receipt of results.

Proficiency Test Discipline	Year	Test Provider	Test Identifier* (if applicable)	Date Results Submitted to Test Provider	Applicable ABC Area of Certification	Expected Results Obtained?***	Proficiency completed using team approach***

*Manufacturer's Test Identification Number **If no, explain below ***If yes, please explain your role below

Comments:

Signing this form certifies that:

1. The participant listed below completed the listed proficiency tests and accurately reported the results.
2. The analysis of the proficiency test sample was performed, to the greatest extent practicable, in the same manner as similar cases.
3. When applicable, the sample was identified as per standard laboratory criteria.
4. The test file (results and all supporting data) will be maintained for at least five (5) years or one accreditation cycle.
5. Copies of supporting documentation will be made available to the American Board of Criminalistics upon request.

Participant: _____ Certificate #: _____ Discipline(s): _____

Are the relevant laboratory section(s)/unit(s) accredited to ISO/IEC 17025? Yes No

Accrediting Agency: _____ List any sections not accredited: _____

Certifying Signatures (BOTH Signatures are Required)

Laboratory Official (Director, Quality Assurance Coordinator, or other Authorized Signatory):

(Signature & Date)

(Print Official's Name & Title)

Participant: _____
(Signature & Date)