

**ABC REQUEST FOR PROMOTION FROM AFFILIATE
TO ABC CERTIFIED**

Affiliate's Name: _____

Address: _____

Telephone: _____

I successfully completed the _____ Examination on _____.
Examination Name Date

I have been employed as a full-time forensic scientist in _____
Specialty Field

at _____ since _____ and have, therefore, met the ABC's
Agency Date

two-year full-time work experience requirement for certification.

(Signature)

Statement of Application Confirmation

(If unable to obtain, attach Application Insert-Request for Application Confirmation Waiver)

I, as the laboratory director or immediate supervisor of the person named on this application for a Certificate of Professional Competency in Criminalistics, have reviewed this application and determined the information to be complete and accurate.

Signed Date

Print Name

Title

Phone

| |
|-----------------------------------|
| For ABC Use Only |
| Credentials Committee Approval |
| _____ (Signature) |
| Date: _____ |