



International Association for Identification, Inc.

Application Number _____

Date Issued _____

Application for Crime Scene Certification

____ CRIME SCENE TECHNICIAN

____ CRIME SCENE ANALYST

____ SENIOR CRIME SCENE ANALYST

STAPLE SIGNED
PHOTOGRAPH HERE

Instructions to applicant:

- a) Please consult the requirements for Crime Scene Technician, Crime Scene Analyst and Senior Crime Scene Analyst. Check the appropriate certification level above.
- b) Type or print all information. Each item in the application must bear an entry. If "None" is applicable, so state. Use extra sheets for all additional information. Identify the material being furnished and show your name and address on each sheet.
- c) **All materials must be submitted in duplicate, including two letters of endorsement.**
- d) Attach a current, autographed photograph of yourself in the space provided on each copy of the application.
- e) Enclose the current fee of \$100.00 USC. Make checks or money orders payable in U.S. funds to the I.A.I. Crime Scene Certification Board. **NOTE: FEES ARE NON REFUNDABLE.** Only persons who believe they clearly meet the qualifications and requirements for certification should submit applications.
- f) Mail the completed application and attachments to:

Michael P. Flannery, Secretary
 Crime Scene Certification Board, I.A.I.
 P.O. Box 47057
 Indianapolis, IN 46247

1) NAME: _____ 2) SEX: _____ 3) DOB: _____
last first middle

4) NAME EXACTLY AS YOU WANT IT ON THE CERTIFICATE: _____

5) ANY OTHER NAMES YOU HAVE USED (e.g., MAIDEN NAME): _____

6) MAILING ADDRESSES: _____
street or P.O. Box city

_____ () _____ ()
state zip code work number home number

7) PLACE OF BIRTH: _____ 8) CITIZENSHIP: _____

9) S.S.#: _____ - _____ - _____ 10) DRIVERS LICENSE: State: _____ # _____

11) EDUCATION:

Institute	Location	Dates	Major	Degree	Date Rec'd

12) TECHNICAL TRAINING RELATED TO CRIME SCENE INVESTIGATION (Use extra sheets as needed.)

Academy/School Location Course/Subject Matter Dates Hours

13) PROFESSIONAL AWARDS & HONORS: _____

14) MILITARY SERVICE: _____

branch inclusive dates type of discharge

15) HOW LONG HAVE YOU BEEN EMPLOYED FULL-TIME IN CRIME SCENE INVESTIGATIONS: _____

years

16) HAVE YOU TESTIFIED IN COURT REGARDING CRIME SCENE INVESTIGATIONS YOU HAVE CONDUCTED ? _____ IS ATRIAL TRANSCRIPT ATTACHED ? _____

17) HAVE YOU AUTHORED OR CO-AUTHORED ANY ARTICLES ON CRIME SCENE INVESTIGATIONS? _____

Title of Publication Date Title of Article Subject of Article

18) HAVE YOU MADE A PRESENTATION ON SOME PHASE OF CRIME SCENE INVESTIGATION TO A PROFESSIONAL LAW-ENFORCEMENT ORGANIZATION, OR AT A CONFERENCE OR SYMPOSIUM?

Title of Presentation Date Organization Subject of Presentation

19) ARE YOU FORMALLY RECOGNIZED AS AN INSTRUCTOR IN CRIME SCENE TOPICS ? _____

ARE YOU CURRENTLY INVOLVED IN TEACHING CRIME SCENE INVESTIGATION SUBJECTS ? _____

Academy or Institution Address Topic Taught Date last Taught

20) PROFESSIONAL EXPERIENCE (List chronologicaly starting with the present.)

Employer & Address _____

Inclusive dates _____ Title _____

Full-time or Part-time _____ Duties & Responsibilities _____

What percentage of your time is spent in working crime scene matters? _____

Name and address of immediate supervisor: _____

Employer & Address _____
Inclusive dates _____ Title _____
Full-time or Part-time _____ Duties & Responsibilities _____

What percentage of your time is spent in working crime scene matters? _____
Name and address of immediate supervisor: _____

Employer & Address _____
Inclusive dates _____ Title _____
Full-time or Part-time _____ Duties & Responsibilities _____

What percentage of your time is spent in working crime scene matters? _____
Name and address of immediate supervisor: _____

21) MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS, INCLUDING I.A.I. & I.A.I. DIVISIONS

Organization	Offices Held	Other Positions or Appointments	Years Joined
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22) REFERENCES (List two references other than those submitting letters.)

Name	Complete Address	Phone
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23) ANY ADDITIONAL INFORMATION YOU THINK MAY BE HELPFUL TO THE BOARD IN ASSESSING YOUR QUALIFICATIONS FOR CERTIFICATION: _____

CODE OF ETHICS FOR CERTIFIED CRIME SCENE PERSONNEL

Being certified by the International Association for Identification, and being actively engaged in the profession of crime scene investigation, I dedicate myself to serve mankind and to respect the constitutional rights of all people to liberty, equality, and justice.

I will never act officiously or permit personal feelings, prejudices, and animosities or friendships to influence my decisions. With no compromise for crime, I will devote myself to unite, promote, and disseminate within the profession any advancement in my effort to make more effective analysis of the crime scene.

I will apply my technical knowledge factually, with preserverance and conviction to preserve the ethical standards of the profession of scientific identification and investigation.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession of law enforcement.

In making this application to the International Association for Identification for the issuance to me of a Certificate of Qualification, all in accordance with and subject to its Articles of Incorporation, By-Laws, and such other group governing provisions as, from time to time, are in force (hereinafter collectively referred to as its regulations), I agree to disqualification from the issuance to me of a Certificate; suspension of such Certificate; or to surrender of such Certificate to the International Association for Identification, in the event of any misrepresentation of material fact in this application or in the event that any of the aforementioned regulations applicable to such Certificate are violated by me, as determined by the International Association for Identification. I further agree to hold the International Association for Identification, its officers, examiners, and agents free from any claim, damage, or liability by reason of action, they, or any of them, may take in respect of this application including, but not limited to, the failure of the International Association for Identification to issue to me such Certificate, or the suspension, revocation, or making of any demand for the surrender of an issued Certificate, or the removal of my name from the list of such certificates.

In support of this application, I certify, under oath or affirmation, that all of the statements made herein or associated herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 19_____

Notary Public in and for the State of _____

My Commission expires _____, 19_____

(NOTARY SEAL)

If the applicant is rejected for any reason, a new application may be submitted after a period of six months from rejection, accompanied by the current fee of \$100.00.