

INTERNATIONAL ASSOCIATION FOR IDENTIFICATION, INC.

APPLICATION FOR CERTIFICATION BLOODSTAIN PATTERN EXAMINER



Application No. _____

Date Received _____

Instructions to applicant:

- a) Consult requirements for Bloodstain Pattern Examiner before completing this application
- b) Type or print (Do NOT write) all information requested. Each item in this application must bear an entry. If "None" is applicable, so state. Use extra sheets for additional information. Identify the material being furnished, including your name and address on each accompanying sheet.
- c) All materials must be submitted in duplicate, including two letters of endorsement.
- d) Attach a current autographed photograph of yourself in the upper right hand corner of this sheet.
- e) Enclose current fee \$150.00 for certification application. The \$150.00 application fee is NON-REFUNDABLE.
- f) Mail completed application to: **Grant Graham, Sr., Secretary, BSPI Certification Board
319 Wisteria Drive, Milford, DE 19963**

1. NAME _____ 2. SEX: M ___ F ___ 3. D.O.B. _____
Last First Initial

4. EXACT NAME FOR CERTIFICATE _____

5. MAIDEN NAME (IF FEMALE) OR ANY PAST NAMES USED _____

6. ADDRESS: _____
Street or Post Office Box City

State Zip Code (_____) Work Phone (_____) Home Phone

7. BIRTHPLACE _____ 8. CITIZENSHIP _____
City State Country

9. EDUCATION:

<u>INSTITUTION</u>	<u>LOCATION</u>	<u>DATES</u>	<u>MAJOR</u>	<u>DEGREE</u>	<u>DATE</u>
_____	_____	_____/_____/_____	_____	_____	_____
_____	_____	_____/_____/_____	_____	_____	_____
_____	_____	_____/_____/_____	_____	_____	_____

10. TECHNICAL TRAINING RELATED TO BLOODSTAIN PATTERN IDENTIFICATION

(Attach copies of certificates, course outline(curriculum) and Name of Instructor)

<u>INSTITUTION</u>	<u>LOCATION</u>	<u>COURSE COMPLETED</u>	<u>DATES</u>	<u>HOURS</u>
_____	_____	_____	_____/_____/_____	_____
_____	_____	_____	_____/_____/_____	_____
_____	_____	_____	_____/_____/_____	_____
_____	_____	_____	_____/_____/_____	_____

11. PROFESSIONAL AWARDS OR HONORS _____

12. MILITARY SERVICE: _____ / _____ / _____
Branch Inclusive dates Type discharge

13. AGENCY OR EMPLOYER _____ 14. POSITION _____

15. YEARS OF EMPLOYMENT _____ 16. YRS. PRACTICING BLOODSTAIN PATTERN I.D. _____

17. HAS YOUR WORK IN THIS FIELD BEEN REVIEWED? YES ___ NO ___ NO. OF TIMES _____

18. DATE(S) OF COURT TESTIMONY RELATED TO THIS FIELD _____

19. DO YOU HAVE TRANSCRIPTS ON FILE FOR REVIEW IF REQUESTED? YES _____ NO _____

20. PROVIDE CASE NO(S), STYLE OF CASE(S), STATE AND DATE(S) OF TESTIMONY
(Use additional sheets as necessary)

21. LIST OF ARTICLES/BOOKS ON BLOODSTAIN EVIDENCE YOU HAVE AUTHORED OR COAUTHORED.

Publication	Date	Title of Article	Subject of Article
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

22. LIST PRESENTATIONS TO PROFESSIONAL ORGANIZATIONS, CONFERENCES OR SYMPOSIUMS REGARDING BLOODSTAIN PATTERN IDENTIFICATION.

Organization	Location	Date	Title of Presentation
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

23. LIST ALL TEACHING ASSIGNMENTS PERTAINING TO BLOODSTAIN PATTERN IDENTIFICATION.

Course	Location	Dates	Title of Instruction	Hours
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

24. PERCENTAGE OF TIME SPENT PRESENTLY IN INVESTIGATIONS INVOLVING BLOODSHED _____

25. PERCENTAGE OF TIME SPENT IN INSTRUCTION OF BLOODSTAIN EVIDENCE _____

26. NAME OF SUPERVISOR _____ PHONE _____

27. PRESENT DUTIES AND RESPONSIBILITIES _____

28. PAST EMPLOYERS OR POSITIONS THAT ENHANCED TRAINING IN BLOODSTAIN PATTERN IDENTIFICATION OR CRIME SCENE TECHNOLOGY.

EMPLOYER/POSITION _____ INCLUSIVE DATES _____

DUTIES/RESPONSIBILITIES _____

NAME OF SUPERVISOR _____ ADDRESS _____

EMPLOYER/POSITION _____ INCLUSIVE DATES _____

DUTIES/RESPONSIBILITIES _____

NAME OF SUPERVISOR _____ ADDRESS _____

EMPLOYER/POSITION _____ INCLUSIVE DATES _____

DUTIES/RESPONSIBILITIES _____

NAME OF SUPERVISOR _____ ADDRESS _____

29. MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, INCLUDING I.A.I., STATE/REGIONAL DIVISIONS.

Organization	Offices Held	Other Position/Appointments	Date Joined
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

30. LIST TWO (2) PROFESSIONAL REFERENCES OTHER THAN THOSE SUBMITTING LETTERS.

Name	Address	City	State	Phone
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

31. LIST ADDITIONAL INFORMATION THAT MAY BE HELPFUL TO THE BOARD IN ASSESSING YOUR QUALIFICATIONS FOR CERTIFICATION:

If the applicant is rejected for any reason, the application fee of \$150.00 is NON-REFUNDABLE. A new application may be submitted after a period of one year from rejection, accompanied by the current fee.

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, Bylaws and such other 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; revocation of such Certificate; or to surrender of such Certificate to the International Association for Identification, in the event of any misstatement or misrepresentation of a 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 the, 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

Acceptable payment methods include credit card, check (personal or business), or money order.

CREDIT CARD PAYMENT

Please complete ALL information below for required authorization. Thank you!

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	_____
				Credit Card Number
_____		_____		_____
Print Name (as it appears on credit card)		Security Code (back of card)	Expiration Date (month/year)	

Billing Address:	Street	City	State or Province	Zip or Postal Code
				Country