



International Association for Identification, Inc.
Crime Scene Certification Board

2535 Pilot Knob Road, Suite 117
 Mendota Heights, MN 55120-1120
 Phone: 651.681.8566 Fax: 651.681.8443 E-Mail: CSCB@TheIAI.org



Application for Crime Scene Certification

- CERTIFIED CRIME SCENE INVESTIGATOR
- CERTIFIED CRIME SCENE ANALYST
- CERTIFIED CRIME SCENE RECONSTRUCTIONIST
- CERTIFIED SENIOR CRIME SCENE ANALYST

For IAI Use Only	
Date Received:	_____
Check No. & Amount :	_____
Pass Date:	_____
Fail Date:	_____

STAPLE PHOTOGRAPH HERE→

A. INSTRUCTIONS TO APPLICANT

- Please consult the requirements for application as a Certified Crime Scene Investigator, Certified Crime Scene Analyst, Certified Crime Scene Reconstructionist or Certified Senior Crime Scene Analyst on the IAI web site and check the appropriate certification level above.
- **Fill in all of the information. Each item in the application must bear an entry. If "none" is applicable, so state, do not use "NA"**
- Use extra sheets for all additional information. Identify the material being furnished and show your name and address on each sheet.
- All materials must be submitted in duplicate, including two letters of endorsement.
- Attach a current, autographed photograph of yourself in the space provided on each copy of the application.
- Enclose the current fee of \$150.00. **(If you wish a lapel pin designating your certification add \$7.00)** Make checks or money orders payable in U.S. funds to the "IAI Crime Scene Certification Board". See the form on the last page. **NOTE: FEE IS NON-REFUNDABLE.**
- Only persons who believe they clearly meet the qualifications and requirements for certification should submit applications.
- Mail the completed application and all attachments to the address listed above.

B. PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

NAME AS YOU WANT IT ON THE CERTIFICATE: _____

OTHER NAMES YOU HAVE USED (e.g., maiden name): _____

SEX: _____ DOB: _____ PLACE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

MAILING ADDRESS: _____
NUMBER, STREET OR P. O. BOX

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBERS: HOME: _____ BUSINESS: _____ CELL: _____

E-MAIL: _____

LIST ANY MILITARY SERVICE

Branch	Dates	Type of Discharge

C. EDUCATIONAL INFORMATION

High School/GED/Other Education	City/State/Location	Dates

College/University	Location	Major	Degree	Dates

TECHNICAL TRAINING RELATED TO CRIME SCENE INVESTIGATION OR RECONSTRUCTION

(Use extra sheets as needed and attach proof of attendance)

Academy/School	Location	Course/Subject Matter	Dates	Hours

D. PROFESSIONAL EXPERIENCE, Awards/Honors, Court Testimony, Instruction and Other Items

Have you testified in court on a crime scene investigation or reconstruction case you did?

Is a trial transcript attached?

Have you authored/co-authored articles on crime scene investigation or reconstruction?

Title of Publication	Title of Article	Subject of Article	Date

Have you made a presentation on some phase of crime scene investigation or reconstruction to a professional law enforcement organization?

Title of Presentation	Subject of Presentation	Organization	Date

Are you formally recognized as an instructor in crime scene topics?

Are you currently teaching crime scene investigation or reconstruction subjects?

Academy/Institution	Address/Location	Topics Taught	Date Last Taught

E. EMPLOYMENT (List chronologically 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: _____

F. MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS, INCLUDING IAI & IAI DIVISIONS

Organization	Offices Held	Other Positions/Appointments	Date Joined

G. REFERENCES (List two references other than those submitting letters)

Name	Complete Address	Phone

H. ANY ADDITIONAL INFORMATION YOU THINK MAY BE HELPFUL TO THE BOARD IN ASSESSING YOUR QUALIFICATIONS FOR CERTIFICATION

I. CODE OF ETHICS

As an applicant for certification by the International Association for Identification, and being actively engaged in the profession of Scientific Identification and Investigation, I dedicate myself to the efficient and scientific administration thereof in the interest of Justice and the betterment of the profession. To cooperate with others of the profession, promote improvement through research, and disseminate such advancement in my effort to make more effective the analysis of the expert. To employ my technical knowledge factually, with zeal and determination, to protect the ethical standards of the profession of Scientific Identification and Investigation. I humbly accept my responsibility to Public Trust and seek Divine guidance that I may keep inviolate the Profession of Scientific Identification and Investigation.

Signature required from all applicants (Member or not): _____

J. STANDARDS OF PROFESSIONAL CONDUCT

- Every applicant/certified person shall comply with the provisions of the Constitution and By-Laws of the International Association for Identification.
- Every applicant/certified person shall strive for the highest standards of personal and professional conduct and shall be forthright in all aspects pertaining to criminal, civil and departmental matters.
- Every applicant/certified person shall conduct him/herself personally and professionally within the laws of his/her respective government.
- Every applicant/certified person of this Association shall conduct him/herself in a professional manner that will not violate the public trust.
- Every applicant/certified person shall cooperate with peers in the advancement of the science and profession of his/her respective discipline(s).
- Every applicant/certified person shall maintain and strive to improve his or her knowledge, skills, and abilities and shall continue to use all available resources to be knowledgeable of advances in his/her respective discipline(s).
- No applicant/certified person shall misrepresent his/her affiliation with the Association.
- No applicant/certified person shall issue any misleading or inaccurate statement that gives the appearance of representing the official position of the Association.
- No applicant/certified person shall exaggerate, embellish or misrepresent his/her professional qualifications or credentials.
- Membership in the Association does not, by itself, qualify any certified member in any forensic discipline.
- No applicant/certified person shall offer nor accept any gift or inducement that might improperly influence the performance of duties by him/herself or others.
- No applicant/certified person shall knowingly make, promote or tolerate false accusations of a personal, professional or criminal nature.
- Every applicant/certified person shall report any violation of this code to the President of the Association. A certified person shall cooperate fully with any official investigation by this Association.
- Every applicant/certified person shall maintain and keep inviolate confidential information obtained in the course of professional endeavors.
- Every applicant/certified person shall scientifically examine evidence and render professional opinions only in the discipline(s) in which he/she is qualified.

- Every applicant/certified person shall maintain an objective and unbiased attitude in conducting forensic examinations in his/her qualified discipline(s).
- Every applicant/certified person shall exercise due care to ensure and maintain the integrity of all evidence within his/her custody.
- Every applicant/certified person shall conduct all examinations of evidence using accepted and established scientific techniques in his/her discipline(s).
- Every applicant/certified person shall comply with appropriate standards and controls in conducting examinations and analyses in his/her discipline, and shall seek verification of findings in accordance with accepted contemporary scientific principles.

Signature required from all applicants (Member or not): _____

K. The International Association for Identification does not discriminate in membership or certification opportunities on the basis of sex, race, color, disability, religion, sexual orientation, national origin, age, or any other characteristic protected by law.

_____ **(Initials Required)**

If the applicant is rejected for any reason, a new application may be submitted after the period of six months from rejection, accompanied by the current fee that is listed on the IAI Website. 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 that are in force (herein 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 them, may take in respect of this application including, but not limited to, the failure of the International Association for Identification to issue 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 and Date

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

Mail the completed application and attachments to the following address:

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Crime Scene Certification Board
2535 Pilot Knob Road, Suite 117
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For Credit Card Payments You Must Complete the Following:

The IAI accepts credit cards as payment for certification fees. Please indicate credit card type and sign below as authorization to charge your credit card for annual dues as indicated on this invoice.

Visa Master Card Discover American Express

Account Number: _____ Expiration Date: _____

Name on Card: _____

Signature of Cardholder: _____