



International Association for Identification, Inc.

Crime Scene Certification Board

2131 Hollywood Blvd., Suite 403

Hollywood, FL 33020

Phone: 954.589.0628 Fax: 954.589.0657 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:	_____

LAST NAME: _____ FIRST NAME: _____ MI: _____

A. INSTRUCTIONS

- 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 program 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 "N/A"

STAPLE PHOTOGRAPH HERE →

- 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 to include all training certificates or other official documentation of training, two (2) letters of endorsement, and pictures that are to be signed and attached in the space provided on each copy of the application.
- Enclose the current fee of \$200.00 for members or \$300.00 for non-members. (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". The IAI accepts credit cards; 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 AND STANDARDS OF PROFESSIONAL CONDUCT

The ethical and professionally responsible International Association for Identification (IAI) member or certificant:

Professionalism

- 1.01 Is unbiased, and objective, approaching all assignments and examinations with due diligence and an open mind.
- 1.02 Conducts full and fair examinations in which conclusions are based on the evidence and reference material relevant to the evidence, not on extraneous information, political pressure, or other outside influences.
- 1.03 Is aware of his/her limitations and only renders conclusions that are within his/her area of expertise and about matters for which he/she has given careful consideration.
- 1.04 Truthfully communicates with all parties (i.e., the investigator, prosecutor, defense, and other expert witnesses) about information related to his/her analyses, when communications are permitted by law and agency practice.
- 1.05 Maintains confidentiality of restricted information obtained in the course of professional endeavors.
- 1.06 Reports to appropriate officials any conflicts between his/her ethical/professional responsibilities and applicable agency policy, law, regulation, or other legal authority.
- 1.07 Does not accept or participate in any case in which he/she has any personal interest or the appearance of such an interest and shall not be compensated based upon the results of the proceeding.
- 1.08 Conducts oneself personally and professionally within the laws of his/her respective jurisdiction and in a manner that does not violate public trust.
- 1.09 Reports to the appropriate legal or administrative authorities unethical, illegal, or scientifically questionable conduct of other practitioners of which he/she has knowledge.
- 1.10 Does not knowingly make, promote, or tolerate false accusations of a professional or criminal nature.
- 1.11 Supports sound scientific techniques and practices and does not use his/her position to pressure a practitioner to arrive at conclusions or results that are not supported by reliable scientific data.

Competency and Proficiency

- 2.01 Is committed to career-long learning in the forensic disciplines in which he/she practices, and stays abreast of new technology and techniques while guarding against the misuse of methods that have not been validated.
- 2.02 Expresses conclusions and opinions that are based on generally accepted protocols and procedures. New and novel techniques must be validated prior to implementation in case work.
- 2.03 Is properly trained and determined to be competent through relevant testing prior to undertaking the examination of the evidence.

- 2.04 Gives utmost care to the treatment of any samples or items of potential evidentiary value to avoid tampering, adulteration, loss or unnecessary consumption.
- 2.05 Uses controls and standards, including reviews and verifications appropriate to his/her discipline, when conducting examinations and analyses.

Clear Communications

- 3.01 Accurately represents his/her education, training, experience, and area of expertise.
- 3.02 Presents accurate and complete data in reports, testimony, publications and oral presentations.
- 3.03 Makes and retains full, contemporaneous, clear and accurate records of all examinations and tests conducted, and conclusions drawn, in sufficient detail to allow meaningful review and assessment of the conclusions by an independent person competent in the field.
- 3.04 Does not falsify or alter reports or other records, or withhold relevant information from reports for strategic or tactical litigation advantage.
- 3.05 Testifies to results obtained and conclusions reached only when he/she has confidence that the opinions are based on good scientific principles and methods. Opinions are to be stated so as to be clear in their meaning.
- 3.06 Attempts to qualify his/her responses while testifying when asked a question with the requirement that a simple "yes" or "no" answer be given, if answering "yes" or "no" would be misleading to the judge or the jury.

The ethical and professionally responsible International Association for Identification (IAI) member:

Organizational Responsibility

- 4.01 Does not misrepresent his/her affiliation with the IAI.
- 4.02 Does not issue any misleading or inaccurate statement that gives the appearance of representing the official position of the IAI.
- 4.03 Reports violations of this code of which he/she knows to the President of the IAI.
- 4.04 Cooperate fully with any official investigation by the IAI.

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

J. **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:

International Association for Identification
Crime Scene Certification Board
2131 Hollywood Blvd, Suite 403
Hollywood, FL 33020

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

CREDIT CARD PAYMENT				
Please complete <u>ALL</u> information below for required authorization. Thank you!				Total Amount
<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

Signature and Date

Only One Copy Of This Page Is Required