



# International Association for Identification

## Application for Tenprint Fingerprint Certification

Certification number \_\_\_\_\_

Date Approved \_\_\_\_\_

**Instructions to the Applicant:**

- A. Please consult the requirements for Certification prior to submitting any application.
- B. Type or print all information. Each item in the application must bear an entry. If not applicable enter N/A. Use extra sheets for additional information. On each additional sheet, identify the material being furnished, and show your name and address.
- C. All materials must be submitted in duplicate, including this application and other supporting documents.
- D. Enclose a fee of \$200 U.S. Dollars for IAI members or \$300 U.S. Dollars for non-members. Make check or money order payable to the IAI Tenprint Fingerprint Certification Board. Note: This fee is not refundable. Only persons who believe they clearly meet the requirements for certification should submit an application.
- E. Mail the completed application and the attachments to:

Michael Gorden, Secretary  
IAI Tenprint Certification Board  
29 Wexford Way  
Bridgeport, WV 26330

<b>1. Name:</b>								
		<i>Last</i>		<i>First</i>		<i>Middle</i>		
<b>2. Sex</b>				<b>3. DOB</b>		/ /		
						<i>Month Day Year</i>		
<b>4. Organization/Agency:</b>						<b>Department/Division</b>		
<b>5. Home Address:</b> (Include Country)						<b>6. Office Address:</b> (Include Country)		
<b>Home phone</b>						<b>Office phone</b>		
<b>Home Fax</b>						<b>Office Fax</b>		
<b>Personal Email</b>						<b>Office Email</b>		
<b>7. Preferred mailing address:</b>				Home <input type="checkbox"/>		Office <input type="checkbox"/>		
<b>8. Type/print your name as you wish it to appear on your certificate:</b>								

<b>9. List any other names you have been known by or used professionally:</b>				
<b>10. Have you ever been convicted of a felony or a crime of moral turpitude?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "yes", please explain:				
<b>11. Forensic Work Experience: List your experience for the past ten years, starting with your present employment; include academic teaching appointments. Attach additional copies if needed.</b>				
<b>Employer:</b>				
<b>Address:</b>				
<b>Phone:</b>				
<b>Inclusive dates:</b>		<b>to</b>		
<b>Job Title:</b>		<b>Full-time</b>	<input type="checkbox"/>	<b>Part-time</b>
<b>List duties and responsibilities: Note forensic activities.</b>				
<b>What percentage of your duties is spent in the performance of forensic related duties?</b> %				
<b>Name and address of immediate supervisor:</b>				
		<i>Name</i>		<i>Title</i>
<i>Address</i>	<i>City</i>	<i>State/Country</i>	<i>Zip Code</i>	<i>Phone</i>
<b>Employer:</b>				
<b>Address:</b>				
<b>Phone:</b>				
<b>Inclusive dates:</b>		<b>to</b>		
<b>Job Title:</b>		<b>Full-time</b>	<input type="checkbox"/>	<b>Part-time</b>
<b>List duties and responsibilities: Note forensic activities.</b>				
<b>What percentage of your duties is spent in the performance of forensic related duties?</b> %				
<b>Name and address of immediate supervisor:</b>				
		<i>Name</i>		<i>Title</i>
<i>Address</i>	<i>City</i>	<i>State/Country</i>	<i>Zip Code</i>	<i>Phone</i>

<b>12. Education: <i>Must attach copies of any degree documents noted below.</i></b>					
<b>If you have not attended a college or university, please state the numbers of years of experience you have in the field:</b>					<b>Years</b>
<b>Institution</b>	<b>Location</b>	<b>Inclusive Dates</b>	<b>Major</b>	<b>Degree</b>	<b>Date Received</b>
<b>13. Professional/Technical training received relating to ten print examination: <i>Must attach copies of certificates.</i></b>					
<b>Institution</b>	<b>Location</b>	<b>Course Completed</b>	<b>Dates</b>	<b>Credits</b>	<b>Subject Matter</b>
<b>14. Courtroom Testimony Training – Professional Development – <i>Applicant must provide evidence of sixteen hours of formal courtroom testimony training or in-service courtroom training.</i></b>					
<b>Institution</b>	<b>Location</b>	<b>Course Completed</b>	<b>Dates</b>	<b>Credits</b>	<b>Subject Matter</b>
<b>15. Professional Awards and Honors:</b>					
<b>16. Continuing Education – Professional Development</b>					
<b>Institution</b>	<b>Location</b>	<b>Course Completed</b>	<b>Dates</b>	<b>Credits</b>	<b>Subject Matter</b>
<b>A. Registered attendance at IAI Educational Seminar, State or Regional, other Board approved forensic meetings. <i>Must attach copies of certificates.</i></b>					
<b>B. How long have you been employed in the performance of your duties?</b>					<b>Years</b>
<b>C. Have you testified in a criminal court regarding the results of a forensic examination that you have performed?</b>					<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>D. Have you ever been recognized as an expert witness in ten print fingerprint examination in a court of law:</b>					<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>E. Approximate number of courtroom testimonies provided in the past three years:</b>					

<b>F. Approximate number of ten print cases you've examined in your career:</b>				
<b>G. Approximate number of ten print cases you've examined in the last three years:</b>				
<b>H Articles or written summaries published regarding forensic examination within your discipline. List in chronological order starting with the most recent. <i>Attach additional information on a separate piece of paper if necessary.</i></b>				
Peer Reviewed	Title	Date	Length	Subject Matter
<b>I. Presentation made by a paper, lecture, panel discussion, or poster regarding some phase of ten print examination to a professional association, conference or symposium. List in chronological order.</b>				
Peer Reviewed	Title	Dates	Length	Subject Matter
<b>J. Conducted workshops or seminars for forensic examiners, including instruction for non-university/college affiliated classes. List those workshops, seminars and classes in chronological order.</b>				
Location	Title	Dates	Length	Subject Matter
<b>K. Primary training provider for a novice forensic examiner. List training provided in chronological order along with names of individuals trained (if possible).</b>				
Location	Name of trainee	Dates	Credits	Subject Matter
<b>L. Memberships in Professional Organizations (including IAI, State &amp; Regional Divisions, other forensic organizations).</b>				
Organizations			Offices Held	

<b>17. References: List two persons familiar with your work, other than those submitting letters.</b>			
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>
<p><b>18. Additional Information: Please use this space to mention any accomplishments or performances in forensic examination which might assist the Board in evaluating this application. Include here specialized training or education, memberships, committees, equipment operated, etc.</b></p>			

**19. IAI Code of Ethics**

**As a certification applicant/holder of 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: \_\_\_\_\_**

**20. Standards of Professional Conduct for Certified Persons 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 themselves personally and professionally within the laws of his or her respective government.**

**Every applicant/certified person of this Association shall conduct themselves 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 or 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 or her respective discipline(s).**

**No applicant/certified person shall misrepresent his or 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 or her professional qualifications or credentials. Membership in the Association does not, by itself, qualify any member in any forensic discipline.**

**No applicant/certified person shall neither offer nor accept any gift or inducement that might improperly influence the performance of duties by themselves 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 member 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 or she is qualified.**

**Every applicant/certified person shall maintain an objective and unbiased attitude in conducting forensic examinations in his or her qualified discipline(s).**

**Every applicant/certified person shall exercise due care to ensure and maintain the integrity of all evidence within his or her custody.**

**Every applicant/certified person shall conduct all examinations of evidence using accepted and established scientific techniques in his or her discipline(s).**

**Every applicant/certified person shall comply with appropriate standards and controls in conducting examinations and analyses in his or her discipline, and shall seek verification of findings in accordance with contemporary scientific principles.**

**Signature required from all applicants: \_\_\_\_\_**

**21. 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.**

**Signature required from all applicants: \_\_\_\_\_**

**22. Waiting Period if Application Rejected**

**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 which is listed on the IAI Website.**

**23. Affirmation**

**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, from time to time, 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 or 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**

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!**

Visa    MasterCard    Discover    American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Security Code (back of card)

\_\_\_\_\_  
Print Name (as it appears on credit card)

\_\_\_\_\_  
Expiration Date (month/year)

\_\_\_\_\_  
Billing Address:

City

State or Province

Zip or Postal Code

Country: \_\_\_\_\_