

FORENSIC CERTIFICATION MANAGEMENT BOARD

Approved Training Application FCMB-19-2018-D

Send completed fillable form to:

FCMBDirector@theiai.org

| toward the educational requirement or requirement by the certification board | of a specific certification disci d. Providers may state that co ertising. An approval is not a | heir course or workshop to be accepted for pline. Approval does not infer an endorse ourses/workshops have been approved for license to use the FCMB or IAI symbols, lo | ment or or credit |
|--|---|---|----------------------|
| The following information is required | for approval consideration | | |
| Detailed course syllabus to inclu Current CV for instructor(s) to in | | hours (must include performance measu each topic | ıre) |
| Name of course or workshop as listed on certificates | | | |
| Total number of instructional hours w/o homework, per class (no partial hours) | Multiple formats (e.g.in-person or online) Combination of inperson and online/recorded | Number of in-person hours Number of online hours Number of recording hours | |
| How is class performance measured? Instructors Listed on Certificates (Maximum) | imum of two per class taugh | Training requested for | |
| Name | Name | | |
| las the class been given in the past? | 7 | Taught by | |
| Contact (name, email, and people #) | | | |
| mm/dd/y | For board use o | nly Assigned Number | |
| Date request received | Received by | Approved | |
| Date reviewed | Reviewed by | | |
| Date approved/denied | Total approved hours | Date applicant notified | m/dd/yy |
| Reason for rejection (if appl) | | | |
| Notes | | | |