



**AMERICAN BOARD OF FORENSIC
DOCUMENT EXAMINERS, INC.**

**APPLICATION FOR CERTIFICATION
IN DOCUMENT EXAMINATION**

Form may be completed online and printed, or printed blank and then filled in. Mail completed application to:

**American Board of Forensic Document Examiners, Inc.
7887 San Felipe, Suite 122
Houston, Texas 77063**

| OFFICE USE ONLY | |
|--|--|
| Application No. | |
| Date Issued | |
| <p>STAPLE A SIGNED PHOTOGRAPH IN THIS SPACE</p> | |

Instructions to Applicant:

- a) Please type or print all information. Each item in the application must bear an entry: if "None " is applicable so state. Use extra sheets for additional data or information. Identify the material being furnished and show the name and address on each sheet.
- b) Attach a current signed passport-type photograph of yourself no less than 2 x 2 inches in size in the space provided.
- c) Enclose appropriate application fee of \$350 (US & CAN) or \$300 (AUS & NZ). Make checks or money orders payable to American Board of Forensic Document Examiners, Inc. Fee can also be paid on-line at www.abfde.org/ContactUs.html.
- d) Make certain that the college or university from which you received your baccalaureate degree forwards an official transcript of your academic record directly to the American Board of Forensic Document Examiners, Inc.
- e) Attach a complete list of your publications in the scientific literature. Include names of all co-authors, complete title of paper, name of journal, volume, page(s) and year of publication.
- f) Attach training records. Include an outline of your training program, training logs and any certificates and/or letters of completion.

1. _____
Name (Last, First, Middle)

2. _____
State your name exactly as you wish it to appear in the Certificate (exclude degrees)

3. _____
If you have ever been known by or used another name (e.g. maiden name) please specify

4. Complete Mailing Address:

Street and/or P.O. Box Number

City, State/Province, Zip/Postal Code

Telephone, Email

5. _____
Date of Birth (m/d/y)

6. _____
Place of Birth

7. Sex: Male Female

8. Citizenship: USA CAN AUS NZ
 Other (specify): _____

9. Yes No - Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)? If Yes, attach a statement of details.

10. High School (from which diploma was received):

| Name | Inclusive Dates |
|----------|--------------------|
| _____ | _____ |
| Location | Year of Graduation |
| _____ | _____ |

11. University or College (if more than two, please attach additional sheet):

| Name | Inclusive Dates | Major |
|----------|-----------------|--------------------|
| _____ | _____ | _____ |
| Location | Degree | Year of Graduation |
| _____ | _____ | _____ |
| Name | Inclusive Dates | Major |
| _____ | _____ | _____ |
| Location | Degree | Year of Graduation |
| _____ | _____ | _____ |

12. All Professional Experience (List chronologically starting with your most recent position. If more than two, please attach additional sheet):

| Organization/Company | Address |
|----------------------|-------------------------|
| _____ | _____ |
| Inclusive Dates | Job Title |
| _____ | _____ |
| Full or Part Time | If Part Time, % of Time |
| _____ | _____ |

_____ Name and Address of Immediate Supervisor(s)

Brief Statement of your Duties and Responsibilities:

| | |
|---|-------------------------|
| Organization/Company | Address |
| Inclusive Dates | Job Title |
| Full or Part Time | If Part Time, % of Time |
| Name and Address of Immediate Supervisor(s) | |

Brief Statement of your Duties and Responsibilities:

13. Basic Training in forensic document examination (List chronologically starting with your most recent position. If more than one, please attach additional sheets). Attach a copy of the program of instruction (training program) you have completed or equivalent training records.

| | |
|----------------------|-------------------------|
| Organization/Company | Address |
| Inclusive Dates | Trainer |
| Full or Part Time | If Part Time, % of Time |

14. List any document examiners (in addition to those providing your basic training) with whom you have worked outside of your office or agency:

| | |
|-----------------|-----------------------|
| Name | Address |
| Inclusive Dates | Nature of Association |

15. Expert Witness Testimony:

A. Attach a list of all forensic document testimonies given during the previous five years that includes the dates, locations, and case number.

B. Indicate if you have testified regarding the following:

- Handwriting/Hand Printing
 Signatures
 Typewriting/Computer Printers
 Mechanical Impressions
 Altered Documents
 Other Document Problems (specify below)

C. Have you given testimony in other forensic disciplines? No Yes – please describe below:

16. Reports and Examinations:

A. Do you regularly submit written document reports? No Yes

B. Approximately how many document reports did you prepare during the past 12 months? _____

17. Resources. List Laboratory Equipment, Reference Files and Library Materials owned by you or available in the laboratory at which you are employed:

18. References. List the names and addresses of three (3) ABFDE certified forensic document examiners who have agreed to complete reference forms on your behalf, preferably forensic document examiners who are familiar with your background and qualifications. References from persons other than ABFDE certified forensic document examiners will be evaluated on an individual basis.

| | |
|-----------------|----------------------|
| Name | Organization/Company |
| Mailing Address | |
| Name | Organization/Company |
| Mailing Address | |
| Name | Organization/Company |
| Mailing Address | |

19. Additional Information. Use this space to make any comments regarding your activities in forensic document examination which might assist the Board in evaluating this application. Include here professional societies, specialized training or education, membership on commissions, committees, advisory boards, other certifications, etc.

20. The ABFDE functions in compliance with the Americans with Disabilities Act (ADA). If you would like to request reasonable accommodations for a disability as defined by the ADA, please do so here:

21. **AFFIRMATION TO ABIDE BY THE CODE OF ETHICS:** The American Board of Forensic Document Examiners, Inc. requires all applicants for certification to possess and maintain integrity and good reputation in his/her profession. By affixing your signature below, you agree to maintain high standards of professional conduct to include refraining from all criminal and morally reprehensible conduct. You also agree that opinions rendered must be supported and justified by the physical evidence, are within your area of expertise, and that your opinions are unbiased. Furthermore, you agree to avoid conflicts of interest, maintain case confidentiality if legally possible and refuse to accept casework on a contingency fee basis.

22. In making this application to the American Board of Forensic Document Examiners, Inc. 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 surrender of such Certificate to the American Board of Forensic Document Examiners, Inc., 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 American Board of Forensic Document Examiners, Inc. I further agree to hold the American Board of Forensic Document Examiners, Inc., 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 to this application including, but not limited to, failure of the American Board of Forensic Document Examiners, Inc. 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 a list of holders 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 | _____ Date |
| _____ Witness | _____ Date |