



AMERICAN BOARD OF FORENSIC DOCUMENT EXAMINERS, INC.

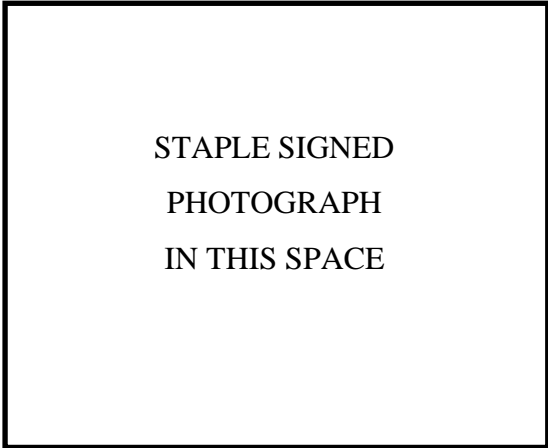
Application No. \_\_\_\_\_

Date Issued \_\_\_\_\_

APPLICATION FOR CERTIFICATION IN DOCUMENT EXAMINATION

Mail completed application to:

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



STAPLE SIGNED PHOTOGRAPH IN THIS SPACE

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 a fee of \$250.00. Make checks or money orders payable to American Board of Forensic Document Examiners, Inc. Do not send cash or stamps.
d) Make certain that the college or university from which you receive 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.

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)
(City, State, and Zip Code) ( ) Telephone No.
E-mail address

5. Date of Birth: \_\_\_\_\_ mo/day/yr

6. Place of Birth: \_\_\_\_\_

7. Race: [ ] White [ ] African American
[ ] Asian [ ] Hispanic
[ ] Other (specify): \_\_\_\_\_

8. Sex: [ ] Male [ ] Female

9. Citizenship \_\_\_\_\_ If not a citizen of the U. S. A , Canada, or Mexico please document your residency.

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

I 1. High School (from which diploma received)

NAME	LOCATION	INCLUSIVE DATES	YEAR OF GRADUATION

12. University or College:

INSTITUTION	LOCATION	INCLUSIVE DATES	MAJOR	DEGREE	DATE REC'D

13. All Professional Experience (List chronologically *starting with your most recent position*):

Organization & address \_\_\_\_\_

Inclusive dates \_\_\_\_\_ Exact Title of Your Position \_\_\_\_\_

Full or Part-Time? \_\_\_\_\_ If Part-Time, % of Time \_\_\_\_\_

Brief Statement of your Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Name(s) and Address(es) of Immediate Supervisor(s) \_\_\_\_\_

Organization & address \_\_\_\_\_

Inclusive dates \_\_\_\_\_ Exact Title of Your Position \_\_\_\_\_

Full or Part-Time? \_\_\_\_\_ If Part-Time, % of Time \_\_\_\_\_

Brief Statement of your Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Name(s) and Address(es) of Immediate Supervisor(s) \_\_\_\_\_

*USE ADDITIONAL SHEETS IF NECESSARY*

14. Basic Training in forensic document examination (where, by whom, dates of training, full or part time, mailing address if appropriate).

\_\_\_\_\_  
 \_\_\_\_\_

15. List any document examiners in addition to your basic training with whom you have worked outside of your office or agency.

*Name Date Nature of Association Mailing Address*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Expert Witness Testimony

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

B. Indicate if you have testified regarding the following:

Disputed Handwriting/Handprinting \_\_\_\_\_

Signatures \_\_\_\_\_

Typewriting \_\_\_\_\_

Mechanical Impressions \_\_\_\_\_

Altered Documents \_\_\_\_\_

Other Document Problems (Describe) \_\_\_\_\_

C. Have you given testimony in other specialized fields?  Yes  No If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

17. Reports and Examinations:

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

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

18. Laboratory equipment, reference files, and library owned by you or in the Laboratory in which you are employed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. References. (list the names and addresses of three (3) 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 forensic document examiners will be evaluated on an individual basis.)

**NAME**

**COMPLETE MAILING ADDRESS**

NAME	COMPLETE MAILING ADDRESS

20. 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.)

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*USE ADDITIONAL SHEETS IF NECESSARY*

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.

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