



REGISTERED INVESTIGATOR, RI APPLICATION

This program is sponsored by the American College of Forensic Examiners Institute (ACFEI).

Submit the completed application and supporting documentation by fax to (417) 881-4702.
mail to 2750 E. Sunshine St. Springfield, MO 65804.
e-mail to cao@acfei.com.

I. CERTIFICATION REQUIREMENTS

By Portfolio Review

To become certified by portfolio review, you must fulfill the following criteria and submit the following documentation:

- Membership in ACFEI
- Copies of any degrees, licenses, certificates, and/or commissions
- Updated and comprehensive résumé/curriculum vitae with proof of at least ten years of law enforcement or private sector (investigative) experience (complete; no gaps)
- Copy of your driver's license
- Proof of U.S. Citizenship or Resident Alien status
- At least 21 years of age
- At least two letters of recommendation from a high-ranking individual in the law enforcement/private sector

By Examination

To become certified by examination, you must fulfill the following criteria and submit the following documentation:

- Membership in ACFEI
- Copies of any degrees, licenses, certificates, and/or commissions
- Résumé/curriculum vitae with proof of at least two years of related working experience
- Copy of your driver's license
- Proof of U.S. Citizenship or Resident Alien status
- At least 21 years of age
- Pass the RI exam

The cost of the certification by portfolio review OR examination is \$395*.

**This is a limited-time low price.*

II. PERSONAL INFORMATION (Please Print)

Prefix: _____ First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Number: _____ Home Number: _____

Fax Number: _____ Cell Number: _____

E-Mail: _____ Date of Birth _____

Primary Specialty: _____ Designation(s): _____

(Please include highest degree earned)

Driver's License Number: _____

III. PROFESSIONAL INFORMATION

License Type (if applicable): _____ License #: _____ State of Licensure: _____

Expiration Date: _____ Number of years in the field: _____

Please indicate the **highest level of education** you have completed:

- High School Diploma Associate's Degree Baccalaureate Master's Doctorate Law

Other, please specify: _____

Are you currently certified in any other specialty by any organization? Yes No

If yes, please specify which specialty and organization: _____

IV. EDUCATIONAL PROGRAMS ATTENDED

Please provide information for each educational program you have attended, starting with the most recently attended. Space has been provided for up to two educational programs. If you need additional space, please attach a separate sheet.

Educational Program #1

Name of facility/institution: _____

Address of institution: _____ City: _____ State: _____

Phone number: _____

Dates of attendance: _____

Total hours of classroom instruction completed at this program: _____

Total hours of hands-on experience completed at this program: _____

Type/types of experience provided by this educational program:

Educational Program #2

Name of facility/institution: _____

Address of institution: _____ City: _____ State: _____

Phone number: _____

Dates of attendance: _____

Total hours of classroom instruction completed at this program: _____

Total hours of hands on experience completed at this program: _____

Type/types of experience provided by this educational program:

Do you carry a firearm? Yes No

Please list and attach a copy of your approved firearms certification type and number (if not applicable, please leave blank):

V. PROFESSIONAL REFERENCES

Please provide two professional references in the space provided below.

Reference #1 Name: _____ Company or organization: _____

Title: _____ Phone number: _____

Reference #2 Name: _____ Company or organization: _____

Title: _____ Phone number: _____

VI. MEMBERSHIP CATEGORIES AND FEE INFORMATION

Please select the appropriate membership category, fees, and method of payment. You must be a member of ACFEI to be eligible to earn the RI designation. If you are not currently an ACFEI member, please choose one of the categories of membership listed below. If you are an ACFEI member, please provide your member identification number below. **Please submit the full payment with your application, including the RI certification fee and ACFEI membership fee (if not using payment plan for life membership).**

Section A: Membership Categories:

Check **one** of the following levels of membership. Members of ABCHS, American Psychotherapy Association, ICBS, and AAIM may choose dual membership and receive a discounted ACFEI membership. (International mailing addresses please add \$25 to annual dues to cover additional postage.)

- ACFEI Member: \$165** for 1 year’s dues \$ _____
 - Life Member: \$2500** lifetime membership fee (Never pay dues again. Payment plan available; see below). \$ _____
 - Current Member: Member ID #** _____
 - Dual Member Option: \$85** for current members of the American Board for Certification in Homeland Security (ABCHS) American Psychotherapy Association (APA), International College of the Behavioral Sciences (ICBS), or the American Association of Integrative Medicine (AAIM)
- Member ID # _____ *ABCHS* *APA* *ICBS* *AAIM* \$ _____

Section B: Certification and Accreditation

Please check one option below:

- Registered Investigator, RI Portfolio Review, \$395** \$ _____
- Registered Investigator, RI Online Course and Examination, \$395** \$ _____

Note: Payment is processed upon receipt of application. If application is denied or cancelled, a \$75 administrative fee will be assessed.

Total Amount Due: \$ _____

Section C: Payment Information

Payment must accompany application. You may choose the payment method that is most convenient.

- MasterCard Visa American Express Discover Money Order Check—*Make checks payable to ACFEI*

Card Number: _____ Expiration Date: _____ Signature: _____

Payment Plans for Lifetime Membership Applicants:

Payment plans are available only for Lifetime Membership applicants and require a \$300 minimum down payment. The remaining balance is paid in monthly payments (\$100 minimum) by check, or can be automatically charged to your credit card each month. The life certificate is issued upon full payment.

- Please accept \$ _____ down payment (\$300 min.) and charge \$ _____ per month (\$100 min.) until balance is paid in full.

VII. POLICY ON DENIAL, SUSPENSION, OR REVOCATION OF CERTIFICATION

Any of the following actions taken by the applicant will result in the denial, suspension, or revocation of Registered Investigator credentials: 1.) Falsification of the application 2.) Falsification of any material and/or information requested by ACFEI 3.) Any restrictions, such as revocation, suspension, probation, or other sanctions of professional license 4.) Misrepresentation of RI status by the designation holder 5.) Cheating on the RI examination by the applicant

VIII. STATEMENT OF UNDERSTANDING AND AGREEMENT

I hereby attest that I have read and understand the policy on Denial, Suspension, or Revocation of Certification and that its terms shall be binding on all applicants for certification and all Registered Investigators for the duration of their certification. I hereby apply for certification offered by the American College of Forensic Examiners Institute (ACFEI). I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I may be asked to provide additional documentation. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with the American College of Forensic Examiners InstituteSM to lapse, I understand and agree that my RI status will be revoked and my membership terminated. I affirm that all of the information that I have provided to ACFEI is true, correct and complete, and I agree to hold harmless and indemnify ACFEI and its officers, directors, employees and agents for any misrepresentation of my credentials and for all claims, loss, judgment or expense. I understand that ACFEI reserves the right to verify any and all information on this application. I certify that I have not been convicted of a felony. I have not been disciplined for an ethical violation in the last 10 years, nor am I under investigation by any legal or licensing board. ACFEI does not endorse, guarantee or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member’s qualifications, abilities or expertise. The objective of ACFEI publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers or presenters are their own views and do not necessarily reflect those of ACFEI. ACFEI does not assume any responsibility or liability for its members or subscribers’ efforts to apply or utilize the information, suggestions or recommendations made by the organization, publication resources or activities. If application is denied or cancelled, a \$75 administrative fee will be assessed.

Yes No

Have you ever been convicted of a felony? If yes, please explain on a separate sheet of paper.

Have you ever been disciplined, or are you currently under investigation, by any legal or licensing board? If yes, please explain on a separate sheet of paper.

SIGNATURE : _____ **DATE:** _____