



American College of Forensic Examiners InstituteSM Fellow Application

2750 E. Sunshine St., Springfield, MO 65804 | www.acfei.com | 800-423-9737 | cao@acfei.com

The Fellow program is the highest designation ACFEI grants to members. To apply for Fellow, you must meet the below qualifications. Upon approval, a candidate is free to use the mark FACFEI after his or her name.

Eligibility Requirements

- Held the Diplomate designation as a member in good standing for a minimum of three consecutive years.
- Agree to adhere to ACFEI's Principles of Professional Practice.

Personal Information

Prefix: Dr. Mr. Mrs. Ms. Miss Prof. Rev. Other: _____ Gender: Male Female

First Name		MI	Last Name		Member ID Number
Address Line 1			Address Line 2		
City		State	Zip	Cell Phone	
Office Phone		Home Phone		Fax	
Degrees (highest first), Licenses, Certifications – Please note, ACFEI will only list four designations.				License Number/State	
E-mail			Please print your name exactly as you would like it to appear on your certificate.		

Principles of Professional Practice

ACFEI and its members are to remain completely objective and use their ability to serve justice by making an accurate determination of the facts involved.

ACFEI members are not advocates for one side or the other. Members should not intentionally withhold or omit any findings or opinions discovered during a forensic examination that would cause the facts to be misinterpreted or distorted.

ACFEI members should not misrepresent or overstate their credentials, education, training, experience, or membership status.

ACFEI members are expected to refrain from any conduct that would be adverse to the best interest and purpose of ACFEI. Members are to be forever vigilant of the importance of their role and to conduct themselves only in the most ethical and professional manner at all times.

I agree to adhere to the Principles of Professional Practice.

Signature

Date

Payment Information

Fellow Upgrade: one-time upgrade fee of \$250
TOTAL=_____

Payment must be received before the application is processed. You may choose the payment method that is most convenient (personal/company check or credit card). Payment plans are available for Life Membership. For the payment plan, a minimum of \$250 down payment must be made, and the balance can be paid in monthly installments (\$200 minimum) by check or automatically charged to your credit card. A life certificate will be issued upon full payment. Annual membership dues for the year are \$165 for general members or \$190 for credentialed members. There is a \$75 administrative fee assessed for all canceled or rejected applications and a \$20 NSF fee assessed for each returned check.

Visa MasterCard American Express Discover Check enclosed (payable to ACFEI) Money order

ACFEI does not accept wire transfer payments.

*Yes! Please sign me up for **automatic** dues renewal (only available if paying by credit card).*

Paid in full \$_____

Life Membership Only: Please accept \$_____ (min. \$250) as a down payment and charge \$_____ (min. \$200) per month until balance is paid in full.

Card Number: _____ Expiration: _____

Signature _____ Date: _____

Terms of Agreement

I certify that the information I have provided to American College of Forensic Examiners Institute™ (ACFEI) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that ACFEI reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with ACFEI to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancellation or denial of my application. I agree that I will notify ACFEI in writing of any civil, criminal, or complaint that is made against me. 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. 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's 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 use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

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 a legal or licensing board? If yes, please explain on a separate sheet of paper.

Signature

Date

Submit the application

By mail: 2750 E. Sunshine, Springfield, MO 65804 | **By fax:** 417-881-4702
Online: www.acfei.com | **By e-mail:** cao@acfei.com | **By phone:** 800-423-9737