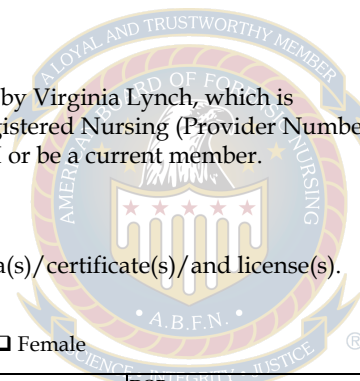


Application

Certified Forensic Nurse, CFN[®]

The CFN program is an online course and exam with a required textbook, *Forensic Nursing* by Virginia Lynch, which is available through Amazon.com. The CFN exam is approved by the California Board of Registered Nursing (Provider Number 13133) for 15 contact hours of continuing education for nurses. Applicants must join ACFEI or be a current member.



Credential Requirements

- Hold active RN license for five or more years.
- Submit résumé and/or curriculum vitae and copies of any degree(s)/diploma(s)/certificate(s)/and license(s).

Personal Information

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

First Name		MI	Last Name		DOB
Address Line 1			Address Line 2		
City		State	Zip	Cell Phone	
Office Phone		Home Phone		Fax	
E-mail				License Number/State (if applicable)	
Years of Experience as a Nurse	Years of Experience as a Forensic Nurse	Degrees (highest first), Licenses, Certifications – (ACFEI will only list four designations).			
Primary Specialty			Position/Alternate Title		
Employer Name			Please print your name exactly as you would like it to appear on your certificate.		

How did you hear about CFN (if referred by a member, please list first and last names)? _____

Insert any offer code from a letter and/or marketing piece: _____

Professional References

- 1) _____

Name	Position	Phone
------	----------	-------
- 2) _____

Name	Position	Phone
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Payment Information

- Current Member:** ID # _____
- Become a member:** Annual dues \$165 (International addresses, add \$25 for additional postage) _____
OR
- Life Member:** Never pay dues again – \$2500.....
- Divisions:** \$35 x _____ listings..... (+) _____
- Discount/Promotional Code:** _____ (-) _____

Credential

- Certified Forensic Nurse** – online course and examination fee: \$495..... (+) _____
- 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. ACFEI does not accept wire transfer payments.

- Visa MasterCard American Express Discover Check enclosed (payable to ACFEI) Money order
- Yes! Please sign me up for **automatic dues renewal** (only available if paying by credit card).
- Paid in full \$ _____

Life Membership Only: Down payment (min. \$250) \$ _____ ; monthly charge (min. \$200)\$ _____ 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 cancelation 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 this application with a copy of your résumé, degree, license (if applicable), and other supporting documentation 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**

Clinical Validation Form

This form must be signed and dated by a current supervisor, preceptor, or peer/colleague that can validate your relevant clinical experience related to forensic nursing. Please submit this form with your CFN application.

As a current supervisor, preceptor, or peer/colleague of the Certified Forensic Nurse, CFN, program applicant

_____, I verify that the candidate has satisfactorily
(Insert Applicant's Name)
completed didactic educational coursework in forensic nursing, including both classroom instruction and supervised clinical experience.

Signature: _____ Date: _____

Name of signing supervisor, preceptor, or peer/colleague (please print):

Name: _____ Title: _____

Company or organization: _____ Phone: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Fax: _____ Please indicate your professional relationship: Supervisor
Preceptor
Peer/Colleague

Please return completed validation form to:

American College of Forensic Examiners Institute
2750 East Sunshine Street
Springfield, MO 65804
Phone (800) 423-9737
Fax (417) 881-4702