



# The American College of Forensic Examiners

## Member Application

### Contact Information

(Please print or type all information)

Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other \_\_\_\_\_

First Name	M.I.	Last Name
Address		Date of Birth
City/State/Zip		
Office Phone	Home Phone	Fax
Email		
License Number/State (if applicable)		Primary Specialty Area
How did you hear about ACFEI?		

Print your name as you would like it to appear on your certificate (including designations). Please limit to highest degree(s) and/or license(s):

I certify that the information provided to the American College of Forensic Examiners Institute (ACFEI) is true, correct, and complete. I may be asked to provide additional documentation. I understand that the 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 the ACFEI to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. 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 the ACFEI and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. 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. The 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 the 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 the ACFEI. The 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, publications resources, or activities.

Yes No

- Have you ever been convicted of a felony? If yes, please provide an explanation 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 provide an explanation on a separate piece of paper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Membership Categories (check only one box)

- Member:** Annual dues \$165 ..... \$165
- Life Member:** Never pays dues again \$2,500 ..... \$2,500

### Select the certification you wish to complete:

- Certified Medical Investigator, CMI** Select the level you wish to complete:
    - Level I  Level II  Level III  Level IV ..... \$495
    - Level V (only available at Certification Conference) ..... \$495
  - Certified Forensic Accountant, Cr. FA** ..... \$495
  - Certified Forensic Consultant, CFC** ..... \$495
  - Certified Forensic Nurse, CFN** ..... \$495
  - Sensitive Security Information, Certified (SSI)** online version ..... \$595
    - CD ROM-\$645  Leather bound notebook-\$795  Bundle (includes all options)-\$845 ..... \$ \_\_\_\_\_
- Total \_\_\_\_\_

**ACFEI Divisions allow you to network with your fellow colleagues as well as give potential clients the opportunity to contact you. Your name, phone number, and email (if selected) will be listed on our website under each division you select. Please mark all divisions to which you are applying. Each division is \$35 per year.**

- |                                               |                                              |                                             |                                                       |                                           |                                                |                                               |
|-----------------------------------------------|----------------------------------------------|---------------------------------------------|-------------------------------------------------------|-------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Computer Forensics  | <input type="checkbox"/> Defensive Tactics  | <input type="checkbox"/> Independent Medical Examiner | <input type="checkbox"/> Legal            | <input type="checkbox"/> Pathology             | <input type="checkbox"/> Psychology           |
| <input type="checkbox"/> Admiralty            | <input type="checkbox"/> Counseling          | <input type="checkbox"/> Dentistry          | <input type="checkbox"/> Insurance                    | <input type="checkbox"/> Medical          | <input type="checkbox"/> Pharmacology          | <input type="checkbox"/> Questioned Documents |
| <input type="checkbox"/> Behavioral Profiling | <input type="checkbox"/> Criminalistics      | <input type="checkbox"/> Engineering        | <input type="checkbox"/> Investigations               | <input type="checkbox"/> Medical Examiner | <input type="checkbox"/> Polygraph             | <input type="checkbox"/> Recorded Evidence    |
| <input type="checkbox"/> Chaplains            | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Forensic Optometry | <input type="checkbox"/> Law Enforcement              | <input type="checkbox"/> Military         | <input type="checkbox"/> Private Investigation | <input type="checkbox"/> Social Work          |
| <input type="checkbox"/> Chiropractic         | <input type="checkbox"/> Cyber Security      | <input type="checkbox"/> Gerontology        | <input type="checkbox"/> Nursing                      | <input type="checkbox"/> Psychiatry       | <input type="checkbox"/> Toxicology            |                                               |
- I agree to have my information listed on the website.

### Payment Processing

**Payment must accompany application.** Payment plans are available for Life membership. For the payment plan, a minimum down payment of \$150 must be made and the balance paid in monthly installments (minimum \$100) automatically charged to your credit card. A life certificate will be issued upon receipt of full payment. There is a \$50 administrative fee deducted for all cancelled and/or denied applications.

- Check enclosed (Please make checks payable to: ACFEI)
- Money order  Visa  MasterCard  American Express
- Paid in full \$ \_\_\_\_\_  Please accept \$ \_\_\_\_\_ (min. \$150) as a down payment with \$ \_\_\_\_\_ (min. \$100) per month until balance is paid in full.

Card Number	Expiration date	Signature
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**Return application via Fax:** (417) 881-4702 or **Mail:** ACFEI, 2750 E. Sunshine, Springfield, MO 65804  
**Phone:** (800) 423-9737, **Email:** cao@acfei.com, **Online:** www.acfei.com