



American College of Forensic Examiners InstituteSM

Membership Application

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The American College of Forensic Examiners InstituteSM (ACFEI) is an independent, scientific, and professional association representing forensic professionals worldwide.

We actively promote the dissemination of forensic information and the continued advancement of forensic examination and consultation across the many professional fields of membership. We have elevated standards through education, certification, basic and advanced training, as well as **Diplomate** and **Fellow** status. We serve as the national center for promoting forensic education and professional standards, and we circulate this information and knowledge through the official peer-reviewed journal – *The Forensic Examiner*[®] – lectures, seminars, conferences, workshops, continuing education courses, and home study courses.

We believe forensic examiners do not 'win' or 'lose' cases. Forensic examiners seek only the truth and conduct evaluations, examinations, and inquiries and report the true results of their findings in an unbiased and objective manner.

What is a forensic examiner?

The term "forensic examiner" refers to a professional who performs an orderly analysis, investigation, inquiry, test, inspection, or examination in an attempt to obtain the truth and form an expert* opinion. Almost every scientific and technical field has a forensic application. A forensic examination refers to that part of a professional's practice that is carried out to provide an expert* opinion.

**Note: Only a judge, under Rule 702, can qualify a professional as an "expert" in a given court case.*

Membership Benefits

- **FREE continuing education credits** by completing short courses online.
- **Earn recognition** as a Diplomate and Fellow for excellence and achievement in meeting ACFEI's high standards and increase your visibility in the field of forensic science.
- **Network** with top forensic consulting professionals by attending ACFEI's annual national conferences.
- Get **exclusive outside benefits** such as special rates on insurance premiums through Liberty Mutual Insurance and discounts on car rentals through Hertz.
- Opportunity to be listed in the "Find a Forensic Specialist" section of our website, providing an additional source for referrals.

Personal Information

Prefix	First Name	MI	Last Name	DOB
Address		City	State	Zip
Office Phone	Home Phone		Fax	
E-mail		Cell Phone		
Designations (Maximum of four)			Primary Specialty	
License Number/State	Please print your name exactly as you would like it to appear on your certificate.			

How did you hear about ACFEI? _____

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

Terms of Agreement

I certify that the information I have provided to American College of Forensic Examiners InstituteSM (ACFEI) is true, correct, and complete. 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. 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 _____

ACFEI Divisions

As an ACFEI member, you have the opportunity to be listed in our online referral service, Find a Forensic Specialist. Each listing is **\$35 per year**.

I agree to have my work phone and e-mail information made publicly available on the Web site.

Please select which division you would like to be listed under.

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Criminalistics | <input type="checkbox"/> Forensic Optometry | <input type="checkbox"/> Medical | <input type="checkbox"/> Private Investigations |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Medical Examiner | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Behavioral Profiling | <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Independent Med. Examiner | <input type="checkbox"/> Military | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Chaplains | <input type="checkbox"/> Defensive Tactics | <input type="checkbox"/> Insurance | <input type="checkbox"/> Nursing | <input type="checkbox"/> Questioned Documents |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Investigations | <input type="checkbox"/> Pathology | <input type="checkbox"/> Recorded Evidence |
| <input type="checkbox"/> Computer Forensics | <input type="checkbox"/> Engineering | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Entertainment Industry | <input type="checkbox"/> Legal | <input type="checkbox"/> Polygraph | <input type="checkbox"/> Toxicology |

Certifications

Please select the certification(s) about which you would like to receive additional information:

- | | |
|--|---|
| <input type="checkbox"/> Accredited Forensic Counselor, AFC SM | <input type="checkbox"/> Certified Forensic Nurse, CFN [®] |
| <input type="checkbox"/> Master Forensic Social Worker, MFSW SM | <input type="checkbox"/> Certified Forensic Physician [®] , CFP |
| <input type="checkbox"/> Certified Forensic Accountant, Cr.FA [®] | <input type="checkbox"/> Certified Medical Investigator [®] , CMI |
| <input type="checkbox"/> Certified Forensic Consultant, CFC [®] | <input type="checkbox"/> Registered Investigator SM , RI SM |

Payment Information

- Member:** Annual dues \$165 _____ **OR** _____
- Life Member:** Never pay dues again – \$2500 _____
- Divisions:** \$35 x _____ listings (+) _____
- Discount/Promo Code:** _____ (-) _____

Payment must accompany application. 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 Members or \$190 for Certified Members (International mailing addresses please add \$25 to annual dues to cover additional postage). There is a \$75 administrative fee for all canceled or rejected applications.

- Visa MasterCard American Express Discover Check enclosed (payable to ACFEI)
- Check here for **automatic** dues renewal, 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 _____