



Board Certification Recertification Application

FULL NAME:		
STREET ADDRESS:	CITY:	STATE OR PROVINCE:
EMAIL ADDRESS:	WORK PHONE:	CELL PHONE:
HIGH SCHOOL OR GED:	POST-SECONDARY EDUCATION (LIST HIGHEST):	
EMPLOYER:	SUPERVISOR:	WORK PHONE:
JOB TITLE:	NUMBER OF YEARS WORKING IN FIRE ANALYSIS OR RELATED FIELD:	
APPLICABLE CERTIFICATIONS: <input type="checkbox"/> IAAI CFI <input type="checkbox"/> NAFI CFEI <input type="checkbox"/> OTHER-PLEASE LIST:	HAVE YOU EVER HAD A CERTIFICATION OR LICENSURE REVOKED FOR CAUSE: <input type="checkbox"/> NO <input type="checkbox"/> YES-PLEASE LIST AND EXPLAIN REASON	
PLEASE ATTACH A COPY OF YOUR CURRENT RESUME AND PROOF OF 40 HOURS OF CONTINUING EDUCATION:	PLEASE IDENTIFY THE RECERTIFICATION (S) BEING SOUGHT:	
DECLARATION		
<p>"I, as applicant to the Forensic Fire Analysis Institute acknowledge that I have read and understand the FFAI Board Certification Program Manual. Upon successful certification, I will comply with all certification and recertification requirements. I have read, understand, signed, and agree to abide by the FFAI Code of Ethics. I understand that the FFAI has a process by which I can request testing accommodations and that this process is defined in the FFAI Board Certification Program Manual.</p> <p>I further agree to the following conditions:</p> <p>I will not discuss the contents of the written or skills Certification Examinations with anyone except the Forensic Fire Analysis Institute Board of Directors or its representative;</p> <p>I will not participate in fraudulent test-taking practices;</p> <p>I will provide the FFAI Certification Board additional information pertinent to the proper processing of this application;</p> <p>I waive any right to confidentiality of the information supplied on this application and any additional information requested by the Certification Board relating to the processing of the application; I hereby acknowledge that the FFAI may collect data anonymously related to testing and other demographics for accreditation and research purposes.</p> <p>I acknowledge that in the event of any misstatement or misrepresentation of a material fact in the application process, or in the event that any of the aforementioned conditions are violated by me, the FFAI Certification Board may disqualify me from receiving a Certification; suspend such a Certification; terminate such a Certification; or require the surrender of such a Certification to the Forensic Fire Analysis Institute.</p> <p>I will hold the Forensic Fire Analysis Institute, its officers, examiners, instructors and agents free from any claim, damage, or liability by reason of action, they or any of them may take in respect to this application, including but not limited to, the failure of the FFAI Certification Board to issue to me such Certification, or the suspension, revocation, or making of any demand for the surrender of an issued Certification, or the removal of my name from the list of persons."</p>		
_____		_____
Applicant Signature		Date