



Application for Certification Certified Fraud Investigator

NAME

Last _____ CFCIA Member Since _____
 First _____ E-Mail _____

EMPLOYMENT

Government Employed Investigator Local State Federal
 Corporate Investigator Credit Union / Bank Corp Other

Employer Name / Agency (List Past 5 Years) _____

Address _____

Position / Title _____

Start Date _____ To Present (Or End Date) _____

Verification Contact Supervisor _____ Phone _____

Employer Name / Agency (List Past 5 Years) _____

Address _____

Position / Title _____

Start Date _____ To Present (Or End Date) _____

Verification Contact Supervisor _____ Phone _____

PROFESSIONAL CERTIFICATIONS

Title _____ Organization _____ Year _____ Current
 Title _____ Organization _____ Year _____ Current
 Title _____ Organization _____ Year _____ Current

EDUCATION

GED / High School Graduate
Some
College or
Trade School School _____ Field _____ Year _____ Units _____

College Degree:
AS/AA School/University _____ Field _____ Year _____
BS/BA School/University _____ Field _____ Year _____
MS/MA School/University _____ Field _____ Year _____
JD/PhD/MD School/University _____ Field _____ Year _____

FRAUD/FINANCIAL CRIME SPECIFIC TRAINING

Title _____ Organization _____ Year _____ Hours _____
Title _____ Organization _____ Year _____ Hours _____
Title _____ Organization _____ Year _____ Hours _____

COURT QUALIFIED EXPERT IN FRAUD

N/A
Yes Number of Times _____
Civil Court Criminal Court
Local / State Case Federal Case

TEACH/PROVIDE TRAINING TO OTHERS ON FRAUD

N/A
Topic _____ Topic _____

AFFIRMATION

I affirm the forgoing is true and accurate to the best of my knowledge. I understand any intentional misstatement of fact is grounds for removal from CFCIA. I understand the forgoing information is subject to verification by CFCIA's leadership or designees thereof. I understand the CFI designation is specific to the CFCIA and is contingent on passing the written examination and a panel review by the certification committee. I understand this packet is subject to review by people outside of CFCIA pursuant to a court order or other process of law. I further understand if awarded the CFI designation, I will be required to keep my CFCIA membership active and also attend the required hours of continuing education and/or training related to my position per year. Proof of this may be requested by CFCIA. Failure to keep my CFCIA membership active and/or failure to attend the required training hours per year of required training may result in nullification of my CFI designation. I also understand the guidelines for retention of the CFI designation may be changed by the CFCIA Executive State Board at any time. I agree to adhere to any changes in requirements by the CFCIA Executive State Board to maintain my certification. I also understand and agree that any and all material, including study material and exam questions are the property of the California Financial Crimes Investigators Association and may not be release or shared to anyone within or out of the organization without proper written consent.

Signature of Applicant: _____ Date: _____
CFCIA Witness: _____ Date: _____