



## Application for Recertification Certified Fraud Investigator

**NAME**

Last \_\_\_\_\_ CFI Certification Number # \_\_\_\_\_

First \_\_\_\_\_ Email address \_\_\_\_\_

**EMPLOYMENT**

Government Employed: Investigator \_\_\_ Local \_\_\_ State \_\_\_ Federal \_\_\_

Corporate Employed: Investigator \_\_\_ Credit Union/Bank \_\_\_ Corp \_\_\_ Other \_\_\_

**Employer Name/Agency** \_\_\_\_\_

Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone number \_\_\_\_\_

Start Date \_\_\_\_\_ To Present \_\_\_\_\_ (or end date) \_\_\_\_\_

Verification Contact Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 and recertified 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 released or shared to anyone within or out of the organization without proper written consent.

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

Certification Committee: \_\_\_\_\_ Date \_\_\_\_\_