

# Forensic and Investigative Sciences Level I Certificate

## Complete Required Courses

- |  |   |
|--|---|
| <input type="checkbox"/> Investigative Tools and Equipment                   | <input type="checkbox"/> Fingerprint Processing on Difficult Surfaces |
| <input type="checkbox"/> Scene Basics: Security, Searches, and Documentation | <input type="checkbox"/> Foundations of Fingerprint Comparison        |
| <input type="checkbox"/> Basic Fingerprint Processing                        | <input type="checkbox"/> Foundations of Forensic Photography          |
|  | <input type="checkbox"/> Foundations of Courtroom Testimony           |

*Note: All courses must be taken within seven (7) years of the date of the application. Only one course from another training provider will be accepted if the curriculum and hours match TEEX curriculum.*

## Purchase Options (Pick One)

- |  |   |
|--|---|
| <input type="checkbox"/> Standard Certificate - \$37 | <input type="checkbox"/> Signature Texas Forensic Science Academy Frame with Embedded Challenge Coins - \$240 |
|--|---|



# Forensic and Investigative Sciences Level I Certificate

Your name will appear on your certificate as written. Please use your legal name and type or print clearly.

## Student Information

*\*Social Security Number (SSN) is used for record keeping purposes only and TCOLE credit (if applicable).*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ **OR** TEEX Student Identification #: \_\_\_\_\_

U.S. Citizen?  Yes  No Non-U.S. Identifier: \_\_\_\_\_ Veteran?  Yes  No

## Affiliation Information

Agency Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please email or fax your application to [ILEPSE@teex.tamu.edu](mailto:ILEPSE@teex.tamu.edu) / Fax: (877) 289-9715.

## For Office Use Only

Date Application Received: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_

Approving Program Manager: \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_