

Forensic and Investigative Sciences Level I Certificate

Complete Required Courses

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

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)

- | | |
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| <input type="checkbox"/> Standard Certificate - \$50 | <input type="checkbox"/> Signature Texas Forensic Science Academy Frame with Embedded Challenge Coins - \$240 |
|--|---|





LAW ENFORCEMENT AND PROTECTIVE SERVICES

200 Technology Way | College Station, TX 77845-3424
P.O. Box 40006 | College Station, TX 77842-4006
teex.org

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** TEEK Student Identification #: _____

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

Affiliation Information

Certificates are sent via FedEx. We are unable to ship items to PO Boxes at this time.

Agency Name: _____ Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone #: _____

Please email your application to LAW@teex.tamu.edu.

For TEEK Office Use Only

Date Application Received: _____ Date Application Approved: _____

Approving Program Manager: _____

Date Certificate Issued: _____ Issued By: _____