

Forensics in the Classroom School Educator Certificate

Complete Required Courses

- | | |
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| <input type="checkbox"/> Foundations of Forensic Photography | Crime Scene Processes and Field Skills |
| <input type="checkbox"/> Foundations of Fingerprint Comparison | <input type="checkbox"/> Phase I |
| <input type="checkbox"/> Foundations of Courtroom Testimony | <input type="checkbox"/> Phase II |
| <input type="checkbox"/> Basic Criminal Investigation* | Laboratory Practices in Forensic Science |
| <input type="checkbox"/> Death Investigation* | <input type="checkbox"/> Phase I |
| | <input type="checkbox"/> Phase II |

**The Basic Criminal Investigation course and the Death Investigation course can be taken in a traditional classroom setting or online.*

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

Texas Participants – Texas Commission on Law Enforcement

Ensure that you have included Date of Birth above TCOLE PID #: _____

Please email or fax your application to 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: _____