

# Forensics in the Classroom School Educator Certificate

## Complete Required Courses

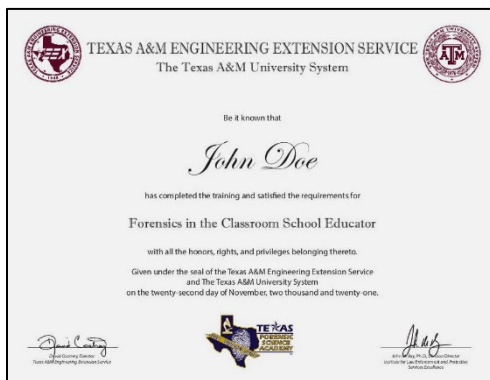
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|--|--|
| <input type="checkbox"/> Foundations of Forensic Photography   | Crime Scene Processes and Field Skills   |
| <input type="checkbox"/> Foundations of Fingerprint Comparison | <input type="checkbox"/> Phase I         |
| <input type="checkbox"/> 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        |

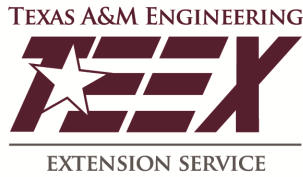
*\*The Basic Criminal Investigation course and the Death Investigation course can be taken in a traditional classroom setting or online. Pick one delivery method for each item.*

*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 |
|--|---|





**INSTITUTE FOR LAW ENFORCEMENT &  
PROTECTIVE SERVICES EXCELLENCE**

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P.O. Box 40006 | College Station, TX 77842-4006  
www.teex.org

## Forensics in the Classroom School Educator 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** TEEEX 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 [ILEPSE@teex.tamu.edu](mailto:ILEPSE@teex.tamu.edu).

### For TEEEX Office Use Only

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

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

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