

## NORTHEASTERN ASSOCIATION OF FORENSIC SCIENTISTS CERTIFICATION REIMBURSEMENT FORM

## REIMBURSEMENT APPLICATION

First Name:		Last Nar	me:
Organization/Agency:			
Street:			
City:		inn	ZIP Code:
Phone:	Fax:	1000	E-mail:
Certification Informati	on		5 6
American Board of Crim	inalistics:		7 3 7 O 1
Comprehensive Crimina	listics: □ Drug Analysis: □ Fire	Debris Analys	sis:□ Molecular Biology:□
Trace Analysis Hairs & F	ibers:□ Trace Analysis Paints	& Polymers:	
Reimbursement Inform Date Registration Expens Registration Expense:	se Incurred:	ration food an	ad provide proof of pagaing the everying tion
	1. The Co. 1. 1. 1975 The Co. 1.	The state of the s	nd provide proof of passing the examination. of passing to the Certification Chair.
Will you be reimbursed attending the above trails "Yes", provide funding	nining?□Yes □No	non-NEAFS re	elated entity for any expenses incurred as a result

Initials:

FOR OFFICIAL USE ONLY: Date Received:

## **Certification Reimbursement**

The NEAFS Board of Directors has voted to reimburse the American Board of Criminalistics and International Association for Identification exam sitting fees for five NEAFS members (regular or associate) in good standing who pass the ABC or IAI exam. This offer is for any exam completed during this calendar year.

After passing the examination, please fill out the Certification Reimbursement Form (www.neafs.org) and email the completed form with proof of passing the exam to the NEAFS Certification Chair Peter Diaczuk at certification@neafs.org. The reimbursement is based on a first come first served basis. Remember you must pass the ABC or IAI exam to be considered for reimbursement.

