



American College of Forensic Examiners InstituteSM

Application for Certified Forensic Social WorkerSM and Certified Master Forensic Social WorkerSM



First Name _____ MI _____ Last Name _____ DOB _____

Address _____ City _____ State _____ ZIP _____

Office Phone _____ Home Phone _____ Fax Number _____

E-Mail _____ Cell Phone _____ Designation _____

License Number/State (If Applicable) _____ Primary Specialty Area _____

How did you hear about CFSW _____

Membership Categories

Please complete both sides of the application **and** submit a complete resume, degree, professional license (if applicable), and supporting documentation. **ACFEI membership is required to apply for certification.** Please see reverse side for additional requirements.

Non-certified Category

- Current Member:** ID # _____
- New Member:** Annual dues \$165
- Life Member:** \$2500 (Never pay dues again)

Certified Category

- Certified Forensic Social Worker, CFSWSM** one-time certification fee of \$145
- Certified Master Forensic Social Worker, CMFSWSM** one-time certification fee of \$245

Total \$ _____

ACFEI Divisions allow you to network with your fellow colleagues as well as give potential clients the opportunity to contact you. Your name, office phone number, and email (if authorized below) will be listed on our website under each division you select. Please mark all divisions to which you are applying. **Each division is \$35 per year.**

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Insurance | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Investigations | <input type="checkbox"/> Polygraph |
| <input type="checkbox"/> Behavioral Profiling | <input type="checkbox"/> Defensive Tactics | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Private Investigation |
| <input type="checkbox"/> Chaplains | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Legal | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Engineering | <input type="checkbox"/> Medical | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Computer Forensics | <input type="checkbox"/> Forensic Optometry | <input type="checkbox"/> Medical Examiner | <input type="checkbox"/> Questioned Documents |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Military | <input type="checkbox"/> Recorded Evidence |
| <input type="checkbox"/> Criminalistics | <input type="checkbox"/> Independent Medical Examiner | <input type="checkbox"/> Nursing | <input type="checkbox"/> Social Work |
| | | <input type="checkbox"/> Pathology | <input type="checkbox"/> Toxicology |
- I agree to have my information listed on the website.

Payment Information

Payment must accompany application. You may choose the payment method that is most convenient (personal/company check or credit card). Payment plans are available for Life Membership. For the payment plan, a minimum of \$150 or more down payment must be made, and the balance can be paid in monthly installments (\$100 minimum) by check or automatically charged to your credit card. A life certificate will be issued upon full payment. Annual membership dues for the year are \$165 for members or \$190 for certified members (**International mailing addresses please add \$25 to annual dues to cover additional postage**). There is a \$50 administrative fee for all cancelled or rejected applications.

- Check here for automatic dues renewal, if paying by credit card.*
- Visa MasterCard American Express Discover Check Enclosed (Made Payable to ACFEI)
- Paid in full \$ _____ Please accept \$ _____ (min. \$150) as down payment and charge \$ _____ (min. \$100) per month until balance is paid in full.
- Card Number _____ Expiration Date _____ Signature _____

→→→→Please be sure to complete both sides of this application→→→→

4 Easy Ways to Become a Forensic Social Worker!

- **Phone** (800) 423-9737 or (417) 881-3818
- **Online** www.ACFEI.com
- **Fax** (417) 881-4702
- **Mail** your completed application to ACFEI:
2750 E. Sunshine
Springfield, MO 65804

American Board of Forensic Social Workers

Application for Forensic Social Worker

- To be considered as a Certified Forensic Social Worker, you must score a minimum of **100 points** based on education, experience, knowledge, skill, & training and hold a bachelor's degree in social work.
- To be considered as a Certified Master Forensic Social Worker, you must hold a minimum of a master's degree in social work and score a minimum of **150 points** based on education, experience, knowledge, skill, & training.
- A copy of your resume, degree, professional license (if applicable), and other supporting documentation must accompany your application.

Education: (Award points for highest degree only)

Must have a minimum of a bachelor's degree.

Award 25 points if you have a bachelor's degree OR

Award 50 points if you have a master's degree OR

Award 75 points if you have a doctorate degree. _____

Experience: (Minimum of 3 years of professional experience in social work required)

Award 10 points for each year of professional experience in a social work related field.

10 x _____ = _____

Award 5 points for each forensic social work case you have worked. (**Maximum of 50 points**)

5 x _____ = _____

Award 10 points for each courtroom experience in the past 7 years.

10 x _____ = _____

Knowledge:

Award 25 points for each forensic social work related book you have authored or co-authored.

25 x _____ = _____

Award 10 points for each forensic social work related peer-reviewed article you have authored or co-authored

10 x _____ = _____

Award 5 points for each forensic social work related paper you have presented at a professional meeting.

5 x _____ = _____

Skill:

Award 25 points for each Board Certification, Diplomate or Fellow status you presently hold in social work.

25 x _____ = _____

Award 50 points for each professional license you currently hold.

50 x _____ = _____

License No. _____ and state of issuance _____.

Award 15 points for any other significant honor you have received relating to social work.

15 x _____ = _____

Training:

Award 5 points for each national/regional social work related conference that you have attended in the last 7 years.

5 x _____ = _____

Award 25 points for each training session in which you were an instructor in the last 7 years.

25 x _____ = _____

Other Points: _____

Other Points:

Include other information about relevant activities. ACFEI will factor the information provided when evaluating the application. Specify how many points you feel should be awarded based on this information. Add these points to your total score. Attach additional pages if necessary.

Total Points: _____

I certify that the information I have provided to American College of Forensic Examiners Institute (ACFEI) is true, correct, and complete. I may be asked to provide additional documentation. I understand that ACFEI reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with ACFEI to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. I agree that I will notify ACFEI in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify ACFEI and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. ACFEI does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of ACFEI's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of ACFEI. ACFEI does not assume any responsibility or liability for its members or subscribers' efforts to apply or utilize the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Yes **NO**

- Have you ever been convicted of a felony? If yes, please provide an explanation on a separate sheet of paper.
- Have you ever been disciplined, or are you currently under investigation, by any legal or licensing board? If yes, please provide an explanation on a separate sheet of paper.

Signature

Type or print your name exactly as it should appear on your certificate.
 (Please limit to highest degree(s) and/or state professional license designation)

Date