



Professional Certification Program

Criminal Intelligence Certified Analyst (CICA) Application

*Use additional sheets of 8 1/2 by 11 paper, if necessary, to respond in full to each question.
Incomplete applications will be returned.*

1. Name: _____
(First) (Middle) (Last)

2. Address: (home) _____

Telephone: _____ **Fax:** _____ **E-Mail:** _____

(Agency name) _____

(Agency address) _____

Telephone: _____ **Fax:** _____ **E-Mail:** _____

3. IALEIA Membership No.: _____ **Yrs. member** _____

4. Work Title: _____
(Attach Job Description)

5. Supervisor's Name/Title: _____

Telephone No.: _____

6. Educational Background:
Undergraduate College Name: _____

Address: _____

Major: _____ **Degree:** _____

Graduate College Name: _____

Major: _____ **Degree:** _____

** Append copies of all certificate and diplomas received for education and training.*

7. Analytical Training

a. Course Name: _____

b. No. Hours: _____ **Date Completed:** _____

c. Topic Areas: _____

8. Other Law Enforcement Training:

a. Course Name: _____

No. Hours: _____ **Date Completed:** _____

(Attach certificate for basic analytic training; list additional courses on separate sheet(s) of paper if needed.)

9. Analytical Experience:

a. Title: _____

Dates Worked: From: _____ **To:** _____

Agency: _____

Address: _____

Supervisor: _____ **Tel. No.:** _____

Job Duties: _____

(Attach job description for all positions which included analytic duties and are being used to meet the experience requirement for certification.)

b. Title: _____

Dates Worked: From: _____ **To:** _____

Agency: _____

Address: _____

Supervisor: _____ **Tel. No.:** _____

Job Duties: _____

10. Other Law Enforcement/Military/Corporate Analysis Experience:

a. Job Title: _____

Organization: _____

Dates: _____

Address: _____

Supervisor: _____ **Phone:** _____

11. Other Analytical Experience

a. Courses Developed

Title	Date Completed	Length in Hours
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Sub-Topics: _____

Title	Date Completed	Length in Hours
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Sub-Topics: _____

b. Courses Taught

Title	Date Completed	Length in Hours
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Sub-Topics:

c. Publications

Title	Date Published
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_____	_____
_____	_____
_____	_____

12. Applicant's Certification

I hereby certify that all of the above information is true and complete.

(Applicant's Signature and Date)

13. PCP Committee Member Review

(For IALEIA/PCP Use Only)

Examination Scheduled: _____

Written Exam Score: _____

Professional Certification Program Committee Approval Date: _____

Certification Number: _____

Certificate Mailed Date: _____

Re-certification Tickler Date: _____

14. Attach Fee Here or Fill out Credit Card Information:

Make checks payable to IALEIA:

CICP Fee: \$50 U.S.

(Non-US checks must be on banks with US correspondent banks)

Visa # _____ MasterCard # _____

American Express # _____

Name on Card: _____

Expiration Date: ___/___/___ (NOTE: No other cards accepted)

Approved by the IALEIA Board: April 1, 2010