



Professional Certification Program

Basic Analyst Classification Application

Respond in full to each question. *Incomplete applications will be returned.*

Personal Details

First Name

Middle Name

Last Name

Address (Home)

Phone Number

E-mail Address

IALEIA Membership Number

Number of Years Member

Agency Details

Agency Name

Work Title (*Attach Official Job Description*)

Number of Years in Position

Agency Address

Office Phone Number

Agency E-mail Address

Supervisor Name/Title

Supervisor Phone Number

Analytic Training (*Attach certification of completion*)

Applicant must complete a recognized 40-hour minimum basic intelligence course. *Approved courses are listed on the IALEIA website.*

Course Name

Date Completed

Applicant's Certification

I hereby certify that all of the above information is true and complete and that I understand that basic level classification is not a certified analyst level, but does enroll me in the Professional Certification Program.

Applicant Signature

Date

I have reviewed IALEIA's Code of Ethics [\[Click Here\]](#) and agree to adhere to these standards for ethics and professional conduct.

Applicant Signature

Date

Basic Analyst Classification Application Fee: \$50.00 (*non-refundable*)

To pay online by credit or debit card, please visit the [IALEIA Store](#)

To pay by check, attach fee here and mail completed application and check to: P.O. Box 13857 Richmond, VA 23225. *Make checks payable to IALEIA (Non-US checks must be on banks with US correspondent banks)*

Applicants may also provide their credit card information for processing (*online submission is preferred*)

Card Type

Card Number

Name on Card

Expiration date

CVV Code

Professional Certification Committee Member Review (For IALEIA/PCP Use Only)

Application Approved?	Yes	No	Approval Date
Certification Number	Certificate Mailed Date		

Remember to attach any necessary documents to the submission email