



Professional Certification Program

Criminal Intelligence Certified Analyst (CICA) Lifetime 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

CICA Certification #

Number of Years CICA Certified

Agency Details

Agency Name

Work Title *(Attach Official Job Description if changed jobs within last 5 years)*

Dates Worked

Agency Address

Office Phone Number

Agency E-mail Address

Supervisor Name/Title

Supervisor Phone Number

Additional Work Experience to meet 15 year requirement *(List agency name(s), job title(s), and dates worked)*

Continuing Education: Applicants must provide documentation of a minimum of 8 hours of continuing education hours/credits earned per year since last CICA certification/recertification. *(Attach copies of all certificate and diplomas received for education and training)*

1. Course Completed	Date Completed	# of Hours
2. Course Completed	Date Completed	# of Hours
3. Course Completed	Date Completed	# of Hours
4. Course Completed	Date Completed	# of Hours
5. Course Completed	Date Completed	# of Hours

Qualifying Activities: Applicants for Lifetime certification must meet the specific qualifying activities of CICA recertification. *(Please note which three activities were completed and attach applicable items)*

1. Specific Qualifying Activity

Description/Details

2. Specific Qualifying Activity

Description/Details

3. Specific Qualifying Activity

Description/Details

Applicant's Certification

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

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

CICA Certification Application Fee: \$150.00 (*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*