

Criminalistics Training Course



California Criminalistics Institute

Application Form

Please complete this form clearly and carefully

Course applied for:

Course Number:

Prerequisite courses taken (if applicable):

Explain how you qualify if you do not have a prerequisite class:

Experience in the subject area None < 1 yr 1-2 yrs 2-5 yrs > 5 yrs

Percent of time to be spent in subject area: < 25% 25-50% 50-75% > 75%

Personal details

Name Title

SSN/POST ID # E-mail

CAC membership status Member Non-member

Phone Fax Disabled services needed? Y/N

Agency & Supervisor/Training Coordinator details

Name Title

E-mail Phone

Agency name

Address

City State ZIP

Submission to be verified by applicant's supervisor

I certify that the above information is correct (signature and date)

Note on e-mail submission: In lieu of signature, e-mailed applications must be sent by supervisor

Send to: California Criminalistics Institute
 11181 Sun Center Drive
 Rancho Cordova, CA 95670

Phone: 916-464-0600
 Fax: 916-464-5818
 email: cci@doj.ca.gov

CCI use

Registrar

Received

Initial

Date

Enrolled Wait list

Class date

Do Not Register

By

