

Online Training Course Application Form

This on-line training course consists of 20 individual webinars associated with best practices identified as critical to entry level effective practice. Once you have completed reviewing the webinars, an end of course exam will measure how much of the course material you were able to retain. The exam is not a pass or fail exam, it is simply used to measure how much of the course material you were able to retain. Once the exam is completed you will receive the certificate of course completion which satisfies the required 40-hour training requisites needed for the Registered Child Forensic Interviewer (RCFI) Credential. A separate credentialing application is required for all credentials.

Applicants Demographic Information

Applicants Full Name: (print) _____ Date of Birth _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Email: _____

Current Employment Information (if applicable)

Agency Name: _____ Web Address: _____

Agency Function: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Office Phone: _____ Work Email: _____

Are planning to apply for credentialing using this training certificate after completion: NO ___ YES ___

If Yes which one: **RCFI** ___ **CCFI** ___ **ACFI** ___ **DCFI** ___

Education List High School or GED first.

Diploma/Degrees	Month/Year	Institution Name / City & State	Major

Other Professional Credentials (no copies or proof is required)

List all professional credentials: (for statistical purposes only)

Payment Form / MAIL, FAX or Phone in Payment

Make checks payable to:

NACCFI Member Services
4701 Spotsylvania Parkway
Suite 101
Fredericksburg, VA 22407

OR

Pay by Phone: 540-710-9380 Mon-Thurs: 8:40 to 4:00

Send by Secure FAX: 540-891-2031

Scan & Email Form: nacfiadmin@nacfi.com

By submitting this form, you are authorizing NACCFI to complete the purchase for the amount indicated in the Total column. Reduced prices for more than one course participant, call our office for details.

Services Description:	US Dollars	Mark Next to Fee
40- Contact Hour Online Certificate Training Course	\$ 225.00	Total
Receipt will be sent by email: Please indicate email: _____		

To pay with a Debit or Credit Card:



*Card Type:

*Name on Card:

First:	Last:	MI:
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*Credit Card Number:

*Expiration Date:

Month:	Year:
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*Credit Card Code:

Three-digit numbers behind the card

*Billing Street Address:

*State:

*Country:

*Zip Code:

Total Amount Payed:

\$	
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