

The National Association of Certified Child Forensic Interviewers (NACCFI)

Multi-Tiered Competency Based Credentialing Application Form



Applicants are fully and personally responsible for the accuracy and validity of all the information and documents they provide or are provided for them by others. It is the applicant's responsibility to ensure that all information and documents provided contain no fabricated, inaccurate, or misleading information or statements.



NACCFI MEMBER SERVICES
4701 SPOTSYLVANIA PKWY
SUITE 101
FREDERICKSBURG, VA, 22407
Phone: 540-891-7891
naccfiadmin@naccfi.com

Qualification Standards

Credentialing Tier	Credentialing Classification	Exam Required	Required Interviews Completed	Child Forensic Interview Training	Renewal Required Every 2 years
RCFI	Registration	YES	NONE	Minimal 32- hrs	NONE
CCFI	Certification	Yes	25	32- hrs	YES
ACFI	Certification	Yes	100	32- hrs	YES
DCFI	Certification	Yes	500	32- hrs	YES

Required Forms

	Applicant Information	Practice Setting	Completed Interviews	Initial Training	Advanced Training	Professional Endorsements	Information Accuracy	Renewal Date
RCFI	Yes	Yes	No	Yes	No	Yes X 3	Yes	Not required
CCFI	Yes	Yes	Yes	Yes	No	Yes X 3	Yes	Next Tier
ACFI	Yes	Yes	Yes	Yes	No	Yes X 3	Yes	Next Tier
DCFI	Yes	Yes	Yes	Yes	No	Yes X 3	Yes	Final Tier

Please take the time to read the Applicants Handbook carefully prior to submitting your application. Missing or incorrect information will delay the application process. It is recommended that you apply for the credential that you are most qualified for and submit as much training information as possible for future use. Please do not send the application package using certified or registered mail that requires a signature by the receiver.

Application Procedures & Processing Fees

Application Procedures:

1. Application forms may be mailed, faxed, or scanned.
2. Applications are processed in the order they are received and may take 1 to 2 weeks.
3. Applicants will be notified by e-mail when their application is processed.
4. Applicants qualified for certification will receive instructions on the examination process.
5. Applicants will be notified by phone if their application is incomplete or unverifiable.
6. Please ensure that all forms are completed and accurate.

Processing Fees:

Applications will not be reviewed until the processing fee has been processed. NACCFI has made every effort to keep the fees to a minimum. Processing fees are established based on the amount of time, labor and resources needed to properly credential an applicant. This includes the cost of office equipment, legal services, insurance, test development, criminal background checks, and cost of maintaining web presence, advertisements, and administrative support services.

Make checks or money orders payable to:

NACCFI Member Services
4701 Spotsylvania PKWY
STE 101
Fredericksburg, VA 22407

To FAX the payment or Pay by Phone:

Fax payment form to secure FAX: 540-891-2031
Pay by phone using debit or credit: 540-891-7891

Contact Information

Phone: 540-891-7891
Monday - Thursday 8:00 AM to 5:00 PM EST
Email: naccfiadmin@naccfi.com

Payment Form

Applications will not be reviewed until the processing fee has been processed. NACCFI has made every effort to maintain the fees to a minimum. Processing fees are established based on the amount of time, labor and resources needed to properly credential an applicant. Do not submit this form if you are paying by phone.

Please mark which fees you are paying for today.

Services Description:	US Dollars	Mark Next to Fee
Initial application processing fee for all credentials	\$ 100.00	
Competency Examination Processing Fee	\$ 225.00	
Renewal Application Fee	\$ 45.00	
Child Centered Approach 40-hour Online Training Course	\$ 225.00	
Request for a Duplicate Wall Certificate Fee	\$ 25.00	

To pay with a Debit or Credit Card:



*Card Type:

*Name on Card: First: Last: MI:

*Credit Card Number:

*Expiration Date: Month: Year:

*Credit Card Code: Three-digit numbers behind the card

*Billing Street Address:

*State:

*Country:

*Zip Code:

Total Amount Paid: \$

Applicants Demographic Information

(Social Security numbers are needed to conduct the criminal background check)

Required for all credentials

Applicants Full Name: (print) _____ Social Security # _____ Date of Birth _____

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

Home/Cell Phone: _____ Email: _____

Credential Applying for: **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)

Current Employment Information (if applicable)

Agency Name: _____ Web Address: _____

Agency Function: _____

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

Office Phone: _____ Work Email: _____

Supervisors Name: _____ Phone: _____ Email: _____

Applicants Full Name: (print) _____

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

Verification of Practice Setting

This form is used to verify that the applicant listed below is in an employment, student, volunteer, contractual, internship, mentoring, peer review, or supervisory relationship with this agency and that this practice setting provides services for or with a multidisciplinary child protection or law enforcement investigative services team.

Required for all credentials in Active Status:

Applicants Full Name: (print) _____

Home Phone: _____ Work Email: _____

Employed Full Time: _____ Part Time: _____ Hours per week: _____ Days per week: _____ as needed: _____

Contracted as needed: _____ Volunteer: _____ Pro-Bono: _____ Intern: _____ other: _____

Agency Information

Agency Name: _____ Web Address: _____

Agency function: _____

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

Office Phone: _____ Work Email: _____

Start Date: _____ End Date if applicable: _____ Reason for Leaving: _____

Administrators Name: _____ Phone: _____ Email: _____

Supervisors/Administrators/ Mentors / Contact Information

My relationship to this applicant is that off: Supervisor: _____ Mentor: _____ Administrator: _____ Other _____

How long has this applicant been employed, contracted or volunteered with your agency: _____

Print your Name: _____ Position Title: _____

Email Address: _____ Web Address: _____

I attest that the applicant listed above is in an employment, student, volunteer, contractual, internship, mentoring, peer review, or supervisory relationship with this agency and that this practice setting provides services to children or with members of a multidisciplinary child protection or law enforcement investigative services team.

X _____
Signature of Supervisor, Mentor, or Administrator:

Today's Date: ____/____/____

Verification of Completed Interviews

This form is used to document evidence of child forensic interview practice experience. A supervisor, mentor, or program administrator must verify that the applicant has completed the number of child forensic interviews claimed by the applicant in this form. For the purposes of credentialing, a child forensic interview is defined as an interview that is conducted with a minor child under the age of 18, by a trained child forensic interview practitioner, working for, or in collaboration with a child protective service or law enforcement multidisciplinary investigation team. The purpose of the interview is to document testimonial evidence that may be used in a court of law, utilizing developmentally age-appropriate interview structures, standards and protocols for interviewing children.

Required for all credentials except the RCFI

Applicants Information

Applicants Full Name: (print) _____

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

Home Phone: _____ Work Email: _____

Agency Information

Agency Name: _____ Web Address: _____

Agency Function: _____

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

Office Phone: _____ Work Email: _____

Start Date: _____ End Date if applicable: _____ Reason for Leaving: _____

Supervisor / Administrator/ Mentor/ Contact Information

My role in relationship to this applicant is that off: Supervisor: ___ Mentor: ___ Administrator: ___ Other: ___

Print your Name: _____ Position Title: _____

Agency Name: _____ Contact Phone: _____ Email Address: _____

I hereby affirm that I have been professionally acquainted with the above-named applicant for ___ / ___ years and months and I am not related to this applicant. I can personally affirm that this applicant has completed approximately; ___ child forensic interviews while employed, as a volunteer, intern, or as contracted by this agency. To the best of my knowledge and belief, this applicant is in good standing with the profession and is of good moral and ethical character.

May we call you at work to verify this information if needed? Yes ___ No ___ Best Time Call: _____

X _____
Signature and title of / Supervisor / Mentor / Administrator

Today's Date: ___/___/___

Verification of Initial Training

All applicants are required to complete a minimum of **32-40** contact hours of specific child forensic interview training. The training must include the practical application of child forensic interview principles, standards, structures and protocols and the introduction to child developmental theories related to child forensic interviewing. The course must have been provided by a nationally, regionally or state recognized organization, agency or trainer. This training must have been provided within the past 10 years. If you do not have a copy of your training certificate, please complete this form and provide the contact information of the instructor or the agency administrator who can attest that you have completed the required training.

Required for all credentials

Is a copy of the certificate of attendance enclosed? Yes: ___ No: ___ (If NO, submit this form)

Please have an agency administrator or the course instructor attest and verify your training.

Course Title: _____

Date Completed: _____ Training Organization: _____

Sponsoring Agency: _____ Agency Phone: _____

Class Location: _____ City: _____ State: _____ Zip Code: _____

Date Completed: _____ Total Contact Hours: _____ Total Days: _____

All must be YES to qualify

Did the course last a minimum of 32 hours? Yes: ___ No: ___

Did the course cover the practical application of child forensic interview structures, standards, tasks, functions and protocols? Yes: ___ No: ___

Did the course cover child developmental theory related to child forensic interviewing and dynamics of child abuse? Yes: ___ No: ___

Did the course include a peer review practicum? Yes: ___ No: ___

Print Instructor /Training Agency Name _____ Phone: _____ Email: _____

May we call you to verify this information if needed? Yes ___ No ___ Best Time Call: _____

I hereby attest that the applicant completed the hours of required initial child forensic interview training as outlined in this form.

X _____
Signature of Instructor or Agency Administrator

Today's Date: ___/___/___

Professional Endorsement Form (Make 3 copies)

This applicant is required to submit **3** professional character endorsements. One endorsement must be recent (within the past **12** months). The endorsements may be completed by professional colleagues, supervisors, professors, or work related peers including the persons who verified your practice setting and interview experience. **3** separate endorsements must be submitted using this NACCFI endorsement form. (Make copies as needed)

3 separate forms required for all credentials

Applicants Information

Applicants Name: (print) _____

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

Home Phone: _____ Work Email: _____

Endorsers Information

I hereby attest that I have been acquainted with the above named applicant for ____/____ years and months and I am not related to this applicant. To the best of my knowledge and belief this applicant is in good standing with the profession and is of good moral and ethical character. I hereby endorse this applicant to seek credentialing as a child forensic interviewer.

May we call you to verify this information if needed? Yes: ____ No: ____ Best Time to Call: _____

X _____

Today's Date: ____/____/____

Signature of Endorser:

Print Endorsers Name:

Title:

Agency Address:

Email Address:

City/State/Zip Code:

Phone with Area Code:

Your relationship to this applicant: _____

(After signing this form you may return it to the applicant or mail it, or scan and email to)

NACCFI Member Services
38 Noel Drive
Fredericksburg, VA 22408

Affirmation of Information Accuracy & Pledge to Abide by the NACCFI Code of Conduct

I, (**print full name**) _____ certify that all the information contained in this application is true and accurate. I certify that I have reviewed the applicant's handbook and that I meet the requirements to apply for child forensic interview credentialing. I further understand that receiving my credentialing depends upon my fulfillment of all the required standards, rules and regulations. I understand that if I submit the application and I am found not eligible for credentialing, I will not receive a refund for any processing fees.

I understand and affirm that the NACCFI Certification Board has the right to contact any person, agency or entity to verify any information provided by me or for me in this application. I further authorize the release of any information needed by the board for the purposes of verifying the information I provided in this application.

I further affirm that I have no felony convictions for moral turpitude or related violent offenses within the last **10** years or any prior convictions or arrest history related to crimes against children. I also affirm that I have no substantiations for child maltreatment, abuse, or neglect by a child protective services agency. I also agree to notify the credentialing board within **10** days if I become the subject of any ethics, disciplinary, criminal complaint, or allegation of ethical misconduct by any other agency or organization.

I further affirm that all of the information provided in this application is true, accurate and complete to the best of my knowledge. I also understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the NACCFI Certification Board. I understand that refusal to participate in an adjudication proceeding or verification process if needed may be grounds for revocation or denial of my credentials.

I further affirm to abide by the NACCFI code of professional practice principles, standards and ethical conduct with the understanding that any substantiated allegation of violating the ethical code of conduct may result in adjudication and possible sanctions to include the revocation or denial of credentialing.

I hereby release, discharge, and exonerate NACCFI, its directors, board member, officers, members, examiners, representatives, and agents, including the certification board from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with any aspect of the application, examination or credentialing process, including the results or failure of the credentialing board and/or its agents to issue me a credential.

Your signature below constitutes your full agreement with all of the above conditions.

Print Applicants Full Name: _____

Applicants Signature: _____ today's Date: _____