

## The National Association of Certified Child Forensic Interviewers (NACCFI)

### Credentialing Renewal 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.



## Credentialing Renewal Standards

- ✚ All members must renew their credentials every two years from their initial qualification date as listed in the National Member Registry or their last renewal date. Time frames for meeting these standards may be extended on a case-by-case basis upon written email request.
- ✚ Members must submit proof of completing a minimum of 40 additional contact credit hours of related continuing education training or academic course work related to child maltreatment investigations. One academic degree semester or quarter is equivalent to 40 contact hours; if it is related to child forensic interviewing, online course work is also acceptable. (*See applicant's handbook for related training*).
- ✚ If you are providing copies of training certificates you do not need to complete the continuing education training form.
- ✚ Members who were convicted of a felony criminal offense or are pending trial for a felony offense are NOT eligible to renew their credentials unless or until the charges are dismissed, dropped or un-founded.
- ✚ Members who have been “founded” or substantiated for child maltreatment by a child protective services agency are NOT eligible to renew their credentials.
- ✚ Members who lost other credentials due to allegations of unethical or harmful practices are required to report the incident and/or voluntarily revoke their NACCFI credential.
- ✚ Practitioners who are no longer eligible or tasked with conducting child forensic interviews may renew their credentials and request to remain listed on the National Member Registry as in-active under their practice status.
- ✚ Applicants who fail to renew their credentials in a timely manner may have their status listed as in-active in the National Member Registry. The renewal due date may be extended, and/or the fee waived on a case-by-case basis upon written request.
- ✚ Applicants who qualify to renew their credential receive a new appointment letter.
- ✚ Renewal applications may be scanned and submitted electronically. A renewal processing fee of \$45 is required upon making application for the renewal.
- ✚ Members seeking to renew to a higher tier must submit a new **Interviews Completed Form**, and proof of additional required training for the credential they are seeking.

**Renewal processing fee is: \$ 45.00**

**Applications may be Faxed: 540-891-2031  
or Mail Checks or Money Orders Payable to:**

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

### **Contact Information**

**Monday – Friday 8:00 AM to 5:00 PM Eastern Time**

**Email: [nacfiadmin@nacfi.com](mailto:nacfiadmin@nacfi.com)**

**Phone: 540-891-7891 Fax: 540-891-2031**

### **For 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**

<b>\$ 45.00</b>
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## Applicants Contact Information

Applicants Full Name: (print) \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting to renew my credentials as ACTIVE: \_\_\_\_\_ INACTIVE: \_\_\_\_\_ status

### CHECK LIST

Have there been any changes to your personal or employment contact information? YES\_\_NO\_\_

Have you been convicted or charged with a felony criminal offense in the past two years? YES\_\_NO\_\_

Have you lost any other credentials due to a harmful or unethical practices investigation? YES\_\_NO\_\_

Have you been substantiated for child maltreatment by a child protective services agency? YES\_\_NO\_\_

Are you currently authorized to conduct child forensic interviews in the agency you work for? YES\_\_NO\_\_

Have you submitted proof of additional training received for the past two years? YES\_\_NO\_\_

Are you renewing to a higher credentialing tier? If yes, which one: \_\_\_\_\_ YES\_\_NO\_\_

If **YES**, a new **Verification of Interviews Completed Form** must be attached? YES\_\_NO\_\_

### Renewal Education Credits or Training

Course Name	Date Completed	City & State	Contact Hours

### Current Employment Information (if applicable)

Agency Name: \_\_\_\_\_ Web Page: \_\_\_\_\_

Agency Function: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## 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 renew my current child forensic interview credential. I further understand that maintaining my credentialing depends upon my fulfillment of all the required standards.

I hereby grant the NACCFI Certification Board permission to contact any person, agency or entity if needed 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 also understand that any intentional or un-intentional failure to provide true and complete responses to this application may result in the denial of my credentials 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 by the Board to include the revocation or denial of credentialing.

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

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

Print Applicants Full Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ today's Date: \_\_\_\_\_