



CFI Examination Application

To apply for the CFI Examination, complete this form and return it with the examination fee (credit card, cashier's check or money order) payable to AMP. Mail the application, fee, and proof of education to:

AMP, CISASM Examination
18000 W. 105th Street
Olathe, KS 66061-7543

For further information, you may call the AMP's Candidate Support Center at 888/519-9901.

PERSONAL INFORMATION (please print using black or blue ink)

Date of Birth: _____

Name: _____ / _____ / _____
Last First Middle

Title: _____

Company/Department: _____

(Company/Department) Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Fax Number: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

(Home) Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

List Investigative, Interview/Interrogation Experience:

Company/Department: _____

Address: _____ Position: _____

City/State/Zip Code: _____ Dates: _____

Company/Department: _____

Address: _____ Position: _____

City/State/Zip Code: _____ Dates: _____

Company/Department: _____

Address: _____ Position: _____

City/State/Zip Code: _____ Dates: _____

Company/Department: _____

Address: _____ Position: _____

City/State/Zip Code: _____ Dates: _____

Demographic Information

- Which of the following seminars have you taken? (check all that apply)
 - The Wicklander-Zulawski & Associates, Inc. Seminar on Interview and Interrogation Techniques
 - The Wicklander-Zulawski & Associates, Inc. Seminar on The Reid Method of Criminal Interviews and Interrogation
 - The Reid Technique of Interview and Interrogation by John E. Reid and Associates Inc.
 - The Kinesic Interview Method
 - The SCAN Technique
 - Other _____
- What field are you in? Military Loss Prevention Audit Human Resources Law Enforcement
 Federal Educational Institute Other _____
- Have you ever been in the military? Yes No
- Is your company supporting you in obtaining the CFI? Yes No

Eligibility Requirements

I meet the following eligibility requirement (please check ONE box):

- Bachelor's degree or higher with 2 years experience
- Associates degree plus 3 years experience
- High School diploma or GED plus 4 years experience
- Full time faculty member teaching interview and interrogation techniques

You must include your certified college transcript of education with your application.

EXAMINATION INFORMATION

- I am including a Special Accommodations Request (Complete the form included in this handbook.)
- I wish to schedule an examination as part of the Wicklander-Zulaski seminar (when available).
- I am applying for the CFI Examination as a: New Applicant Reapplicant
 - Examination Fee – \$395 Re-Examination Fee – \$220
 - International Examination Fee – \$455 International Re-Examination Fee – \$280

Payment may be made by credit card, cashier's check or money order made payable to AMP. No personal checks or cash will be accepted.

If payment is made by credit card, complete the following:

- VISA MasterCard American Express Discover

I agree to pay above amount according to card issuer agreement.

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

SIGNATURE (Sign and date in ink the statement below.)

I certify that I agree to abide by regulations, Code of Ethics and the Standards of Practice of the CFI Program contained in this Handbook. I believe that I comply with all admission policies for the CFI Examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided. I also authorize CISA or AMP to conduct a background check/verification, which may include criminal, education, and employment verification either prior to taking the CFI Examination or anytime while the CFI certification is held.

Name (Please Print): _____

Signature: _____ Date: _____